FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000011882 1. Entity Name 05-15-2001 90053 017 ***150.00 BIO-SAFE INTERNATIONAL INC. Principal Place of Business Mailing Address 2308 GRANT STREET STE. 3 2308 GRANT STREET STE. 3 $\mathbf{v} = \mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v}$ HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 125 SW 16 SW DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0901775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 1 PACM BEACH 33449 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name WEBB, RANDALL D Street Address 2308 GRANT STREET STE. 3 HOLLYWOOD FL 33020 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WEBB, RANDALL D WEBB, RANDALL D APOO NO IP TERRACE STREET ADDRESS STREET ADDRESS 2308 GRANT STREET STE 3 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 FT LAUDOND ALK FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 Date

561-266-575-2 Daytime Phone #