

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013800

1. Entity Name

BIOMEDICAL INTERNATIONAL SYSTEMS CORP.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90015 033 \*\*\*150.00

Principal Place of Business  
777 S FLAGLER DRIVE PHILLIPS TOWER EAST  
SUITE 903  
WEST PALM BEACH FL 33401

Mailing Address  
777 S FLAGLER DRIVE PHILLIPS TOWER EAST  
SUITE 903  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

52-2145419

4. FEI Number 52-2145419

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINTMIRE, DONALD F  
777 S FLAGLER DRIVE PHILLIPS TOWER EAST  
SUITE 903  
WEST PALM BEACH FL 33401

Name  
Lee Hendelson

Street Address (P.O. Box Number is Not Acceptable)  
777 So. Flagler Drive, Suite 903

City  
West Palm Beach

FL

Zip Code  
33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

DATE

Daytime Phone #

CR2E034 (9/99)