

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90013 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000062458</b>			
1. Entity Name <b>BORICHEM, INC. OF SOUTH FLORIDA</b>			
Principal Place of Business <b>4082 MANCHESTER LAKE DRIVE LAKE WORTH FL 33467</b>		Mailing Address <b>4082 MANCHESTER LAKE DRIVE LAKE WORTH FL 33467</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0935969</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>HANDELSMAN, BARRY 4082 MANCHESTER LAKE DRIVE LAKE WORTH FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSTD HANDELSMAN, BARRY 4082 MANCHESTER LAKE DRIVE LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>BARRY HANDELSMAN</b> <i>Barry Handelsman</i>		Date <b>Jan 9, 2001</b> Daytime Phone # <b>561-966-050</b>	