2000 UNIFGRM BUSINESS REPORT (UBR)

Pg. 10FZ

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Principal Place of Business		IVIEIVI # 1777000	10002,7,7		LILLED		
Principal Place of Business ** Mailing Address ** Mailing Address ** SECRETARY OF STATE TRESARGUESEE: FEORIDA* SECRETARY OF STATE TRESARGUESEE: FEORIDA* A RESARGUESEE: FEORIDA* A RESARGUESEE	T. Entity Mair	BIOSAMPLE.	com INC	_	00 APR 25 PM 2: 3	ц	
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22. Principal Pisca of Business 2200 Conflorant Bury 300 Suite April 4 ric 50 Suite April 5 r	Principal Plac	e of Business '	Mailing Address		SECRETARY OF STATE TABLEATTABSEE, FLORIDA		
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County 3343 County 3343 County 3343 County 3343 County 3343 County 4.5.A. 5. Certificate of Status Desired \$8.75 Additional Fee Recorded 8. Name and Address of Current Registered Agent SPIEGE C. 4. UTREM P.A. 343 Annena Avenue Conar Gables, PL 3313Y 6. 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 Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and the purpose of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Type and type				?	DO NOT WRITE IN THIS	3 SPACE	
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S. Name and Address of Current Registered Agent SPIEGE C. A. UTREAR P. P. 3 Y 3					65-0935994		
S. Name and Address of Current Registered Agent SPIEGE C. A. UTREAR P. P. 3 Y 3	3343	1 USA	233431	U.S.A.	5. Certificate of Status Desired		
SPIEGE C. 4 UTREAL P.A. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Accept		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered	Agent	
3 Y 3 ALMERIA AVAILABLE CONAL GABLES, PL 3 313Y City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. This corporation is eligible to satisfy its Intendicing Too string requirement and elects to do so (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS CITY ST-2P AMAGE STREET ADDRESS CITY ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS CITY ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS CITY ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS CITY ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS CITY ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS CITY ST-2P Delete CITY ST-2P DELETE CITY ST-2P DELETE TITLE MAKE STREET ADDRESS CITY ST-2P DELETE CITY ST-2P DELETE TO STATE	SPI	PEGEL & UTREA	APA				
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9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	SIGNATURE .	Signature, typed or printed name of registered agent :	and title if applicable. (NOTI	E: Registered Agent signature	required when reinstating) DATE		
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3. 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.

MATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTY-IN-FACT

4/26/00 561 495-0064

Daytime

plosample.com inc.

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· J. ·						
Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.						
Or						
No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.						
Special Power of Attorney						
I, MARTIN V. CUSACK , President of Biosample.com Inc.,						
nereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA						
the right to prepare and sign in the signature area the Florida						
Department of State Profit Corporation Annual Report on behalf of						
Biosample.com Inc This Power of Attorney shall become effective						
immediately, and shall continue until revoked by me in writing.						

Signature

MARTIN V. Cusacic Printed name