

# 2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

00 APR 25 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066271

1. Entity Name

BIO SAMPLE.COM, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2200 CORPORATE BLVD

3. Mailing Address

2200 CORPORATE BLVD

Suite, Apt. #, etc.

SUITE 303

Suite, Apt. #, etc.

SUITE 303

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

4. FEI Number

05-0935994

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRENA, P.A.  
343 ALMENA AVENUE  
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 ☐ Delete  
NAME PST D  
STREET ADDRESS CUSACK, MARTIN V  
CITY-ST-ZIP 2200 CORPORATE BLVD, SUITE 303  
BOCA RATON, FL 33431

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

KE

CR2E034 (9/99)

Biosample.com Inc.

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☒ 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.

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**Special Power of Attorney**

I, MARTIN V. CUSACK, President of Biosample.com Inc., hereby 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

PRESIDENT  
Title

2/11/99  
Date

MARTIN V. CUSACK  
Printed name