

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068674

1. Entity Name

BIO-TECHNOLOGY USA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90156 006 ***550.00

Principal Place of Business

Mailing Address

3741 NE 163RD STREET, SUITE 152
NORTH MIAMI BEACH FL 33160-4104

3741 NE 163RD STREET, SUITE 152
NORTH MIAMI BEACH FL 33160-4104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938375

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

GERBER, HUGO E
16300 NE 19TH AVE. SUITE 208
NORTH MIAMI BEACH FL 33162

Name GERBER, HUGO E.

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

6175 NW 167th Street - #G-8

City MIAMI

FL

Zip Code 33015

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 D
STREET ADDRESS BUENO, ANTONIO
CITY-ST-ZIP 3741 NE 163RD STREET, SUITE 152
NORTH MIAMI BEACH FL 33160-4104

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GERBER, HUGO E
CITY-ST-ZIP 3741 NE 163RD STREET, SUITE 152
NORTH MIAMI BEACH FL 33160-4104

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 1:19.07(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 that other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/00

Date

(305) 512-3522

Daytime Phone #

CR2E034 (9/99)