

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90078 046 ***150.00

DOCUMENT # P99000074811

1. Entity Name

BIOCARE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

4003 SOUTH WESTSHORE BOULEVARD
 UNIT 2903
 TAMPA FL 33611

4003 SOUTH WESTSHORE BOULEVARD
 UNIT 2903
 TAMPA FL 33611-1034

2. Principal Place of Business

4003 S. Westshore

Suite, Apt. #, etc.

3403

City & State

Tampa FL

Zip
 33611

Country

Hillsborough

3. Mailing Address

4532 West Kennedy

Suite, Apt. #, etc.

296

City & State

Tampa FL

Zip
 33609

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3594093

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE Delete

NAME
 PSTD
 BROOKE, MARK
 STREET ADDRESS
 4003 SOUTH WESTSHORE BOULEVARD
 CITY-ST-ZIP
 TAMPA FL 33611

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Delete

NAME
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 CITY-ST-ZIP

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NAME
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 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: Mark Brooke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00
 Date

813-831-6100
 Daytime Phone #