

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90032 049 \*\*\*150.00

**DOCUMENT # S49360**

1. Entity Name

**BIO-MARK INTERNATIONAL, INC.**

Principal Place of Business

**132 N FEDERAL HWY  
 DEERFIELD BEACH FL 33441  
 US**

Mailing Address

**132 N FEDERAL HWY  
 DEERFIELD BEACH FL 33441  
 US**

2. Principal Place of Business

**c/o Keith Goldbaum, Esq.  
 Crocker Plaza, Suite 801  
 Suite, Apt. #, etc.  
 5355 Town Center Rd.**

3. Mailing Address

**250 North Caldwell St.**

Suite, Apt. #, etc.

City & State  
**Boca Raton, Florida**

City & State  
**Brevard, North Carolina**

4. FEI Number

**65-0258279**

Applied For

Not Applicable

**33432**

Country  
**USA**

Zip  
**28712**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ODDO, EDWARD  
 132 N FEDERAL HWY  
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

**Keith Goldbaum, Esq.**

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

**Crocker Plaza, Suite 801**

**5355 Town Center Rd.**

City

**Boca Raton**

**FL**

Zip Code  
**33432**

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

*Edward Oddo Pres.*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-17-02**

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, 2002 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 **P** ☐ Delete  
 NAME **ODDO, EDWARD, JR.**  
 STREET ADDRESS **132 N FEDERAL HWY**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
 NAME **ODDO, EDWARD, JR.**  
 STREET ADDRESS **250 N. Caldwell St.**  
 CITY-ST-ZIP **Brevard, NC 28712**

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Edward Oddo Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-17-02 (828) 885-7160**  
 885-7160

CR2E034 (9/01)