## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2000 08:00 AM DOCUMENT # P9700025883 **Secretary of State** INFINITE BIOMEDICAL TECHNOLOGIES, INC. Principal Place of Business Mailing Address 5622 MARINE PARKWYA 5622 MARINE PARKWYA NEW PORT RICHEY NEW PORT RICHEY FL FL 34652 34652 2. Principal Place of Business 3. Mailing Address 5622 MARINE PARKWAY 1613 CHELSEA RD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #12 City & State City & State 4. FEI Number Applied For NEW PORT RICHEY FL SAN MARINO CA 59-3433621 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 34652 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATARAJAN LAKSHMI NATARAJAN 5622 MARINE PARKWYA Street Address (P.O. Box Number is Not Acceptable) 5622 MARINE PARKWAY NEW PORT RICHEY 34652 City Zip Code NEW PORT RICHEY 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. 04/29/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TILE Delete X Change ☐ Addition NATARAJAN ANANTH MD NAME NATARAJAN ANANTH MD STREET ADDRESS 11728 WILSHIRE BLVD, #1314 STREET ADDRESS 1613 CHELSEA RD. #318 CITY-ST-ZIP LOS ANGELES 90025 CITY-ST-ZIP SAN MARINO 91108 $\mathbf{C}\mathbf{A}$ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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