

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 12, 2001 08:00 AM

Secretary of State

DOCUMENT # P97000025883

1. Entity Name
INFINITE BIOMEDICAL TECHNOLOGIES, INC.

Principal Place of Business
5622 MARINE PARKWAY
#12
NEW PORT RICHEY FL 34652

Mailing Address
1613 CHELSEA RD.
#318
SAN MARINO CA 91108

2. Principal Place of Business

3. Mailing Address
1613 CHELSEA RD.
#330

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#330

DO NOT WRITE IN THIS SPACE

City & State

City & State
SAN MARINO CA

4. FEI Number
59-3433621

Applied For
Not Applicable

Zip Country

Zip Country
91108

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

NATARAJAN LAKSHMI MD
5622 MARINE PARKWAY
#12
NEW PORT RICHEY FL 34652 US

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 LAKSHMI NATARAJAN

07/12/2001

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, 2001 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 CEO ☐ Delete
NAME NATARAJAN ANANTH MD
STREET ADDRESS 1613 CHELSEA RD. #318
CITY-ST-ZIP SAN MARINO CA 91108

TITLE CEO ☒ Change ☐ Addition
NAME NATARAJAN ANANTH MD
STREET ADDRESS 1613 CHELSEA RD. #330
CITY-ST-ZIP SAN MARINO CA 91108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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: Ananth Natarajan

CEO 07/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)