

**2000 UNIFORM BUSINESS REPORT (UBR)**

9/6/00-90096-046-\$550.00-\$550.00

APPROVED  
AND  
FILED

00 SEP 21 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**00083805**



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000032425</b>			
1. Entity Name <b>CELL GENERAL, INC.</b>			
Principal Place of Business <b>222 LAKEVIEW AVE STE 800 WEST PALM BEACH FL 33401</b>		Mailing Address <b>222 LAKEVIEW AVE STE 800 WEST PALM BEACH FL 33401</b>	
2. Principal Place of Business <b>7777 Glades Road Suite, Apt. #, etc. 201</b>		3. Mailing Address <b>7777 Glades Road Suite, Apt. #, etc. 201</b>	
City & State <b>Boca Raton, FLA.</b>		City & State <b>Boca Raton, FLA.</b>	
Zip <b>33434</b>	Country <b>USA</b>	Zip <b>33434</b>	Country <b>USA</b>
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROSEN, MARVIN S 222 LAKEVIEW AVE STE 800 WEST PALM BEACH FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Melissa Crowe</b> Street Address (P.O. Box Number is Not Acceptable) <b>7777 Glades Road Suite 201 Boca Raton, FL 33434</b>	
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 <u><i>Melissa Crowe</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>9/18/00</b>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State</b>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Jeffrey L. Schmier 7777 Glades Rd. # 201 Boca Raton, Fla. 33434</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President David Epstein 7777 Glades Rd. # 201 Boca Raton, Fl. 33434</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Melissa Crowe 7777 Glades Rd. # 201 Boca Raton, Fl. 33434</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Melissa Crowe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>9/18/00</b> (561) 483-2330 <small>Daytime Phone #</small>	

CR2E034 (5/00)