

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90026 034 ***150.00

DOCUMENT # P00000021802

1. Entity Name
PROCELL INTERNATIONAL CORP.

Principal Place of Business

**5445 COLLINS AVE.
 SUITE.CU#8-A
 MIAMI BEACH FL 33140**

Mailing Address

**5445 COLLINS AVE.
 SUITE.CU#8-A
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

5445 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 1223

City & State

City & State

MIAMI BEACH

Zip

Country

Zip

Country

33140

USA

4. FEI Number

65-0986199

Applied For

Not Applicable

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

**MALATESTA, ANDRES N
 5445 COLLINS AVE.
 SUITE.CU#8-A
 MIAMI BEACH FL 33140**

NEW

→ ADDRESS

Name **MALATESTA, ANDRES N**

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

1000 QUAYSIDE TERRACCE # 308

City **MIAMI**

FL

Zip Code **33138**

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

ANDRES N. MALATESTA

4/13/01

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 **PD** ☒ Delete
 NAME **CASARA, MAXIMILIANO**
 STREET ADDRESS **5445 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VPD** ☐ Delete
 NAME **PAZOS, LAURA A**
 STREET ADDRESS **5445 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **TD** ☐ Delete
 NAME **MALATESTA, ANDRES N**
 STREET ADDRESS **5445 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **SD** ☒ Delete
 NAME **EFFRON, ELIZABETH M**
 STREET ADDRESS **5445 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
 NAME **ANDRES N. MALATESTA**
 STREET ADDRESS **5445 COLLINS AVE #1223**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

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:

ANDRES N. MALATESTA (305) 866-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)