

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90834 021 ***150.00

DOCUMENT # **P00000109085**

1. Entity Name

ONDACEL INTERNATIONAL INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8050 NW 64 ST

3. Mailing Address

3370 NW 72 AVE

Suite, Apt. #, etc.

BAY # 3

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

65-1060499

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33122

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restateating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Pres
IGNACIO CALAGNA
8050 NW 64 ST, BAY #3
MIAMI FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2007

DATE

DATE