

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90165 036 ***150.00

DOCUMENT # P01000032024

1. Entity Name
CELLACTION, INC.

Principal Place of Business

**17810 W DIXIE HWY STE C
 N MIAMI BCH FL 33160**

Mailing Address

**17810 W DIXIE HWY STE C
 N MIAMI BCH FL 33160**

80027615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 HILLS LANE

3. Mailing Address

2 HILLS LANE

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

WESTPORT, CT

City & State

WESTPORT, CT

4. FEI Number

65-1086673

Applied For

Not Applicable

Zip

06880

Country

Zip

06880

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KATZ, MARLENE
7370 OCEAN TERR #1704
MIAMI BCH FL 33141

7. Name and Address of New Registered Agent

Name

DOMINIC L. LAMBERTI

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

420 S. DIXIE HWY, #2B

C/O PADGETT BUSINESS SERVICES

City

CORAL GABLES

FL

Zip Code

33146

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

Dominic L. Lamberti
 Signature, typed or printed name of registered agent and title if applicable.

DOMINIC L. LAMBERTI

1/25/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **D** ☐ Delete
 NAME **KATZ, MARLENE**
 STREET ADDRESS **7330 OCEAN TERR #1704**
 CITY-ST-ZIP **MIAMI BCH FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **KATZ, MARLENE**
 STREET ADDRESS **2 HILLS LANE, #2**
 CITY-ST-ZIP **WESTPORT, CT 06880**

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)