

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91188 029 ***150.00

DOCUMENT # P01000034682

1. Entity Name

VACEL CORPORATION

Principal Place of Business

**1337 NW 80 TERR
 PLANTATION FL 33322**

Mailing Address

**1337 NW 80 TERR
 PLANTATION FL 33322**

80123871



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3160 NW 108 TERRACE

3. Mailing Address

3160 NW 108 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE

City & State

SUNRISE

4. FEI Number

65-1093047

Applied For

Not Applicable

Zip

33351

Country

Zip

33351

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CABREJO, DAVID
 1337 NW 80 TERR
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent

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

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, 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 **PSTD**
 NAME **CABREJO, DAVID**
 STREET ADDRESS **1337 NW 80 TERR**
 CITY-ST-ZIP **PLANTATION FL 33322**

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP

☐ Change

☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ 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:

David Cabrejo

04/19/02

954-578929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)