

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

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90014 036 ***150.00

DOCUMENT # P01000041531

1. Entity Name

Cello, Inc.

DO NOT WRITE IN THIS SPACE

824510

2. Principal Place of Business 12230 Forest Hill Boulevard Suite, Apt. #, etc. Suite 310 City & State Wellington, FL Zip 33414 Country USA		3. Mailing Address c/o Reutter Realty Suite, Apt. #, etc. 12230 Forest Hill Blvd, #310 City & State Wellington, FL Zip 33414 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2357580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Brunton Registered Agents, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 4710 NW 2nd Avenue, Suite 101	
City Boca Raton	FL Zip Code 33431

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) ☐

January 1st to May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$6.125
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 NAME STREET ADDRESS CITY-ST-ZIP	director Dr. Fiorenzo Angehrn Gottstauffstrasse 24 2504 Biel, Switzerland	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Andrea Angehrn Schnyder Gottstauffstrasse 24 2504 Biel, Switzerland	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/02
Date

561-227-1527
Daytime Phone #

CR2E034B (12/01)