

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90093 044 \*\*\*550.00

**DOCUMENT # P01000080332**

1. Entity Name  
**UNIVERSAL CELL, INC.**

Principal Place of Business

**9219 NW 45TH ST  
 SUNRISE FL 33351**

Mailing Address

**9219 NW 45TH ST  
 SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2704B W. OAKLAND PARK BLVD (same)**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

**FT. LAUDERDALE, FL**

4. FEI Number

**65-1145396**

Applied For

Not Applicable

Zip

**33311**

Country

**USA**

Zip

**33351**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZIV, SIMON  
 9219 NW 45TH ST  
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **KAY DONALDSON**  
 Street Address (P.O. Box Number is Not Acceptable) **9066 35TH PLACE**  
 City **SUNRISE** FL **33351**

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 **KAY DONALDSON**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **DPS** ☒ Delete  
 NAME **ZIV, SIMON**  
 STREET ADDRESS **9219 NW 45TH ST**  
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **KAY DONALDSON** ☒ Change ☐ Addition  
 NAME **9066 35TH PLACE**  
 STREET ADDRESS **SUNRISE, FL 33351**  
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
 NAME  
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)