

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90709 001 ***158.75

DOCUMENT # P02000033387

1. Entity Name
CELLTECH INTERNATIONAL, INC.



Principal Place of Business
4625 N.W. 99TH AVE., #205
MIAMI FL 33178

Mailing Address
4625 N.W. 99TH AVE., #205
MIAMI FL 33178

20060140



2. Principal Place of Business **10766 SW 24th AVE**
3. Mailing Address **10766 SW 24th AVE**
Suite, Apt. #, etc.

☐ - CHECK HERE IF MAKING CHANGES

City & State **MIAMI, FLORIDA** **City & State** **MIAMI, FLORIDA**

4. FEI Number **07-0694120** **Applied For**
Not Applicable

Country **MIAMI - DADE** **Country** **MIAMI - DADE**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAL, JOANA
4625 N.W. 99TH AVE., #205
MIAMI FL 33178

Name **JOHANA LEAL**
Street Address (P.O. Box Number is Not Acceptable)
4625 NW 99th AVE APTD # 205
City **MIAMI** **FL** **Zip Code** **33178**

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

03-14-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ **Delete**
NAME **ROMERO, JOHNNY**
STREET ADDRESS **4625 N.W. 99TH AVE., #205**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **PTD** ☐ **Delete**
NAME **LEAL, JOANA**
STREET ADDRESS **4625 N.W. 99TH AVE., #205**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **PTD** ☒ **Change** ☐ **Addition**
NAME **JOHANA LEAL**
STREET ADDRESS **4625 NW 99th AVE APTD #205**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHANNY ROMERO

03-14-03

(805) 480-9720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #