FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 16 PM 3:27

DOCUMENT # P02000083082

1. Entity Name
DATA CELL, INC.

DO NOT WRITE IN THIS SPACE

800021761078
07/24/03--01013--022 **150.00

DO NOT WRITE IN THIS SPACE MRS

2. Principal Place of Business
10730 NW 66 STREET
Suite, Apt. #, etc.
APT #210
City & State
MIAMI, FLORIDA
Zip
33178
Country

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
11-3645884
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name
FABIOLA CAMISA
Street Address (P.O. Box Number is Not Acceptable)
10730 NW 66 STREET /APT 210
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 ____________ 07/14/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FABIOLA CAMISA 10730 NW 66 STREET/APT 210 MIAMI, FL 33178	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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

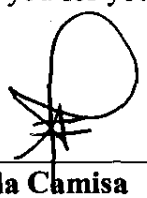
SIGNATURE: ____________ 07/14/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 150.00 for the annual report fee with my application.

Since November 2002 we moved to 10730 NW 66th ST-APT 210Miami, Fl 33178 and we did not receive the U.B.R. for the year 2003 or any other notice from the Division of Corporations in respect with the Corporation **DATA CELL, INC.**

Thank you for your courtesy in this matter.



Fabiola Camisa
President