

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P02000128481

1. Entity Name

BACCELL, CORP.



03 SEP 25 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2525 S.W. 27TH AVE

Suite, Apt. #, etc.

SUITE: 100

City & State

MIAMI, FL

Zip

33133

Country

US

3. Mailing Address
2525 S.W. 27TH AVE

Suite, Apt. #, etc.

SUITE: 100

City & State

MIAMI, FL

Zip

33133

Country

US

4. FEI Number 65-1163621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name O.J. DIAZ

Street Address (P.O. Box Number is Not Acceptable)

7951 S.W. 40TH STREET SUITE:206

City MIAMI

FL

Zip Code
33155

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IN THIS SPACE

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

[Signature]

Signature of agent or printed name of registered agent and title a successor.

(NOTE: Registered Agent signatures required when reappointing)

9/24/03

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

(PVST) PATRICIA FONNEGRA
2525 S.W. 27TH AVE SUITE:100
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400023553744
10/03/03--01081--008 **450.00

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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:

Patricia Fonnegra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

Date

Daytime Phone #

CR2E034B (12/02)

9/25

BACCELL, CORP.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

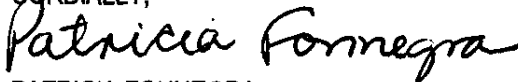
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



PATRICIA FONNEGRA
PRESIDENT