

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 17, 2005 8:00 am  
Secretary of State

05-17-2005 90015 015 \*\*\*150.00

DOCUMENT # 1. Entity Name PO3 0000 26289

CELL SOLUTIONS INC

DO NOT WRITE IN THIS SPACE

40004010

2. Principal Place of Business  
5250 INTERNATIONAL DRIVE

3. Mailing Address

Suite, Apt. #, etc.  
STE 720

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO, FL

City & State

4. FEI Number  
16-1656272

Applied For  
Not Applicable

Zip  
32819

Country

Zip

Country

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

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7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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, 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

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
OMAR QASEM  
5250 INTERNATIONAL DR STE 720  
ORLANDO, FL. 32819

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #