

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -1 PM 3:15

DOCUMENT # P03000069691

1. Entity Name

UNIVENCELL ASSESSORIES, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4787 West 192

Suite, Apt. #, etc.

3. Mailing Address

4787 West 192

Suite, Apt. #, etc.

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL.

City & State

Kissimmee, FL.

4. FEI Number

20-0056383

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

EIAD MAALI

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

4787 West 192

City

Kissimmee

FL

Zip Code

34746

**DO NOT WRITE  
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.

SIGNATURE

*EIAD MAALI*

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
EIAD MAALI  
4787 West 192  
Kissimmee, FL 34746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600042362166  
11/01/04--01067--023 \*\*150.00

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*EIAD MAALI*  
President  
EIAD MAALI

Date

10/27/04

Daytime Phone #

CR2E034B (12/01)

2/2

## Downtown Business Services

7345 Sand Lake Rd. Orlando FL. 32919 Phone # (407) 352-7006 Fax # (407) 354-0470

October 27, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Univercell Assessories, Inc. # P03000069691

To whom it may concern:

Please be advised that we are independent accountants for Univercell Assesories, Inc. On October 24, 2004 we check the status of this company on the Internet and to our surprise it was cancelled for administrator dissolution for annual report.

My client never received any notices for cancellation or otherwise renewal of this corporation. Please, see the enclosed 2003 Uniform business Report and the fee for \$150.00.

If you have any questions please, do not hesitate to call.

Sincerely,



William S. Vasquez  
Accountant for Univercell Assessories, Inc.