

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90031 027 ***150.00

DOCUMENT # P94000039133

1. Entity Name
STEM CELL, INC.

Principal Place of Business 890 PERIWINKLE ST. #1106 SEA RANCH CLUB C BOCA RATON FL 33486 US	Mailing Address 890 PERIWINKLE ST. BOCA RATON FL 33486 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 890 PERIWINKLE ST.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON	City & State
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4. FEI Number 65-0493331	Applied For
	Not Applicable

Zip FL. 33486	Country US	Zip	Country
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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

**MAHARAJ, DIPNARINE
 890 PERIWINKLE STREET
 BOCA RATON FL 33486**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
DP MAHARAJ, DIPNARINE	890 PERIWINKLE ST. BOCA RATON FL		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dipnarine Maharaj Date: 4/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)