## **2003 FOR PROFIT CORPORATION**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED May 05, 2003 8:00 am Secretary of State		0409344
DOCUMENT # P9400039133  1. Entity Name STEM CELL, INC.					Secretary of State 05-05-2003 91405 045 ***150.00		₽
Principal Place of Business 10301 HAGEN RANCH ROAD SUITE 600 BOYNTON BEACH FL 33437 US 2. Principal Place of Business		Mailing Address 10301 HAGEN RANCH ROAD SUITE 600 BOYNTON BEACH FL 33437 US 3. Mailing Address			20040954		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State			4. FEI Number 65-0493331	Applied For	]
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional	1
	6 Name and Address of Current	Pagistared Agent		1	7 Name and Address of New Bagista	Fee Required	-
-	6. Name and Address of Current	negistered Agent	<del></del>	Name	7. Name and Address of New Register	ed Agent	╡╌╼
MAHARAJ	I, DIPNARINE						4
890 PERIWINKLE STREET				Street Address (I	P.O. Box Number is Not Acceptable)		
-	TON FL 33486						7
				City		Zip Code	┥
						<u>- L.   </u>	_
	named entity submits this statement for tions of registered agent.	r the purpose of cha	inging its register	ed office or register	ed agent, or both, in the State of Florida. I	am familiar with, and accept	
<b>G</b>						,	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature required	when reinstating) DA		1
	TILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	\$5.00 May Be	1
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	1.
TITLE	DP	☐ De	elete TITU	E		☐ Change ☐ Addition	(10/02)
NAME	MAHARAJ, DIPNARINE 890 PERIWINKLE ST.		NAM	-			100
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33486			ET ADDRESS   -ST-ZIP			
TITLE	DTS					☐ Change ☐ Addition	CR2E034
NAME	GOUVEA, JACQUELINE V	□ De	lete TITLI				5
STREET ADDRESS	890 PERIWINKLE ST.		STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486			-ST-ZIP			_[
TITLE	IN I THE I I I HO IN MAY THE SAME	De	lete TITU	-	ر چه چه د	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAM				
CITY-ST-ZIP	1			ET ADDRESS -ST-ZIP			}
TITLE			<del></del>			☐ Change ☐ Addition	-
NAME		_ 50	NAM				{
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		<del></del>		-ST-ZIP			1
TITLE		☐ De				Change Addition	
NAME STREET ADDRESS			NAM! STRE	et address			
CITY-ST-ZIP				-ST-ZIP			]
TITLE			lete TITLE			☐ Change ☐ Addition	1
NAME		-	. NAM	E			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			CITY	-ST-ZIP			1

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 frue 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 Block 11.if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNA ALLY EJEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #