

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000053239

1. Corporation Name  
NUCELL PRODUCTS, INC.

Principal Place of Business  
1250 EAST HALLANDALE BEACH, BLVD., STE 408  
1250 EAST HALLANDALE BEACH BLVD. #804  
HALLANDALE FL 33009  
US

Mailing Address  
1250 EAST HALLANDALE BEACH, BLVD., STE 408  
1250 EAST HALLANDALE BEACH BLVD. #804  
HALLANDALE FL 33009  
US

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90219 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1995

4. FEI Number

65-0599724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
804 ONLY

26 Suite, Apt. #, etc.  
804 ONLY

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAPIRO, MANUEL  
1250 E HALLANDALE BEACH BLVD  
SUITE 804  
HALLANDALE FL 33009

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHAPIRO, MANUEL  
STREET ADDRESS 1250 EAST HALLANDALE BEACH, BLVD., STE 408  
CITY-ST-ZIP HALLANDALE FL 33009

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

STE 804

TITLE VD  
NAME SCHAPIRO, KARIN  
STREET ADDRESS 1250 EAST HALLANDALE BEACH, BLVD., STE 408  
CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

KARIN SCANICK  
STE 804

TITLE SD  
NAME SCHAPIRO, SUSY  
STREET ADDRESS 1250 EAST HALLANDALE BEACH, BLVD., STE 408  
CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

STE 804

TITLE TD  
NAME SCOLNICK, BRAM  
STREET ADDRESS 1250 EAST HALLANDALE BEACH, BLVD., STE 408  
CITY-ST-ZIP HALLANDALE FL 33009

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

STE 804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, 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 #

4/22/99 954 4580082

CR2E034 (11/98)