

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053239

1. Entity Name

NUCELL PRODUCTS, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90084 046 ***150.00

00020000



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1250 EAST HALLANDALE BEACH BLVD., STE 408 1250 EAST HALLANDALE BEACH BLVD., STE 408
FL 33009 804
HALLANDALE FL 33009-4624
US

2. Principal Place of Business 3. Mailing Address:
21175 MAIN SAIL CIRCLE 21175 MAIN SAIL CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.
E-15 E-15

City & State City & State
AVENTURA FL AVENTURA, FL
Zip Zip
33180 USA 33180 USA

4. FEI Number 65-0599724 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
SCHAPIRO, MANUEL
1250 E HALLANDALE BEACH BLVD
SUITE 804
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
Name SCHAPIRO MANUEL
Street Address (P.O. Box Number is Not Acceptable)
21175 MAIN SAIL CIRCLE
E-15
City AVENTURA FL Zip Code 33180

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 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
TITLE PD
NAME SCHAPIRO, MANUEL
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 804
CITY-ST-ZIP HALLANDALE FL 33009
TITLE VD
NAME SCOLNICK, KARIN
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 804
CITY-ST-ZIP HALLANDALE FL 33009
TITLE SD
NAME SCHAPIRO, SUSY
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 804
CITY-ST-ZIP HALLANDALE FL 33009
TITLE TD
NAME SCOLNICK, BRAM
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 804
CITY-ST-ZIP HALLANDALE FL 33009
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD
NAME SCHAPIRO MANUEL
STREET ADDRESS 21175 MAIN SAIL CIRCLE, E-15
CITY-ST-ZIP AVENTURA, FL. 33180
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE SD
NAME SCHAPIRO SUSY
STREET ADDRESS 21175 MAIN SAIL CIRCLE, E-15
CITY-ST-ZIP AVENTURA, FL. 33180
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE: MANUEL SCHAPIRO 2/24/00 (305) 932-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)