

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

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90772 039 \*\*\*150.00

**DOCUMENT #** F960000052749  
**1. Entity Name** CELLULAR Concepts Inc

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business** 7631 NW 59 WAY  
**3. Mailing Address** Same

**City & State** Parkland Florida  
**Zip** 33067 **Country** USA

**4. FEI Number** 650731651  
**Applied For** ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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**7. Name and Address of Current Registered Agent**

**Name** Pierre Alex Cols  
**Street Address (P.O. Box Number is Not Acceptable)** 7631 NW 59 WAY  
**City** Parkland **FL** **Zip Code** 33067

**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** Pierre Alex Cols President **DATE** 4-15-02  
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)

**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**

<b>TITLE</b>	<u>President</u>
<b>NAME</b>	<u>Pierre Alex Cols</u>
<b>STREET ADDRESS</b>	<u>7631 NW 59 WAY PARKLAND, FL 33067</u>
<b>CITY - ST - ZIP</b>	<u>Parkland, FL 33067</u>
<b>TITLE</b>	<u>VICE-President</u>
<b>NAME</b>	<u>Ronsard St Cyr</u>
<b>STREET ADDRESS</b>	<u>7631 NW 59 WAY PARKLAND, FL 33067</u>
<b>CITY - ST - ZIP</b>	<u>Parkland, FL 33067</u>
<b>TITLE</b>	
<b>NAME</b>	
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary 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:** Pierre-Alex Cols President **DATE** 4-15-02 **Daytime Phone #** 9542422528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)