

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108811

1. Entity Name

CELLULAR DISCOVERIES, INC.

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90058 045 ***150.00

Principal Place of Business

3659 N.E. 201ST STREET
AVENTURA FL 33180
US

Mailing Address

3659 N.E. 201ST STREET
AVENTURA FL 33180
US

2. Principal Place of Business

11330 NW 36 TERRACE
Suite, Apt. #, etc.

3. Mailing Address

11330 NW 36 TERRACE
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-3503542

Applied For

Not Applicable

Zip

33178 US

Zip

33178 U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENYAHIA, PASCALE
3659 N.E. 201ST STREET
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name BENYAHIA PASCALE
Street Address (P.O. Box Number is Not Acceptable)
4653 NW 94 PLACE
City MIAMI FL Zip Code 33178

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

4/3/01

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

TITLE PSD
NAME BENYAHIA, PASCALE
STREET ADDRESS 3659 N.E. 201ST STREET
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE VTD
NAME BENYAHIA, KARIM
STREET ADDRESS 3659 N.E. 201ST STREET
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01 305 406 1656

0223399

CR2E034 (10/00)