

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90199 001 ***550.00

DOCUMENT # P99000024384

1. Entity Name
UNIVER-CELL, INC.

Principal Place of Business

9219 N.W. 45 ST.
 SUNRISE FL 33351

Mailing Address

9219 N.W. 45 ST.
 SUNRISE FL 33351

2. Principal Place of Business

2704 B W. OAKLAND
 Suite, Apt. #, etc.
 PARK BLVD.

3. Mailing Address

2704 B W. OAKLAND
 Suite, Apt. #, etc.
 PARK BLVD.

City & State
 F.T. LAUDERDALE, FL

City & State
 FL. LAUDERDALE, FL

Zip
 33311 Country
 USA

Zip
 33311 Country
 USA

4. FEI Number
 65-0908277

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZIU, SIMON
 9219 N.W. 45 ST.
 SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name
 KAY DONALDSON
 Street Address (P.O. Box Number is Not Acceptable)
 9066 35th PLACE
 City
 SUNRISE FL Zip Code
 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE KAY DONALDSON

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 ZIU, SIMON
 9219 N.W. 45 ST.
 SUNRISE FL 33351 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 ZIU, STELLA
 9219 N.W. 45 ST.
 SUNRISE FL 33351 ☒ 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
 PS
 KAY DONALDSON
 9066 35th PLACE ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SUNRISE, FL 33351 ☐ Change ☐ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)