

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90056 031 \*\*\*150.00

DOCUMENT # **P99000024637**

1. Entity Name  
**UCELLX, INC.**

Principal Place of Business

**6993 N.W. 82ND AVENUE  
 #18  
 MIAMI FL 33166**

Mailing Address

**6993 N.W. 82ND AVENUE  
 #18  
 MIAMI FL 33166**

2. Principal Place of Business

**1775 N.W. 79 AVENUE**

3. Mailing Address

**1775 N.W. 79 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**M / AMI**

City & State

**MIAMI**

4. FEI Number

**65-0914039**

Applied For

Not Applicable

Zip

**33126**

Country

**FL**

Zip

**FL**

Country

**33126**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LA GRECA, ANA A  
 6993 N.W. 82ND AVENUE  
 #18  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **LUIS EMILIO IGLESIAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1775 N.W. 79 AVENUE**  
 City **MIAMI** FL Zip Code **33126**

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 **LUIS EMILIO IGLESIAS** DATE **4/05/2002**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D LA GRECA, ANA A</b>	<b>6993 N.W. 82ND AVENUE</b>	<b>MIAMI FL 33166</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>PRESIDENT</b>	<b>LUIS EMILIO IGLESIAS</b>	<b>1775 N.W. 72 AVENUE</b>	<b>MIAMI FL 33126</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** DATE **4/08/2002** DAYTIME PHONE # **(305) 436-0235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR 11/94

CR 03034 (9/01)