

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90019 002 \*\*\*158.75

0062015

**DOCUMENT # P99000060037**

1. Entity Name

**UNICELL PAPER MILLS, INC.**

Principal Place of Business

C/O HOLLAND&KNIGHT LLP ATTN: A. GUY NEFF  
 200 SOUTH ORANGE AVE. SUITE 2600  
 ORLANDO FL 32801

Mailing Address

C/O HOLLAND&KNIGHT LLP. ATTN: A GUY NEFF  
 POST OFFICE BOX 1526  
 ORLANDO FL 32802-1526

943333

2. Principal Place of Business

**3401 JEWETT LANE**

Suite, Apt. #, etc.

3. Mailing Address

**3401 JEWETT LANE**

Suite, Apt. #, etc.

City & State

**SANFORD, FLORIDA**

Zip

**32771**

Country

**USA**

City & State

**SANFORD, FLORIDA**

Zip

**32771**

Country

**USA**

4. FEI Number

**59-3585123**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **GIRISH SHARMA**

Street Address (P.O. Box Number is Not Acceptable)

**1774 BRIDGEWATER DRIVE**

City **HEATHROW**

**FL**

Zip Code

**32746**

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**(GIRISH SHARMA)**

**04/12/01**

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 **PSTD** ☐ Delete  
 NAME **SHARMA, GIRISH**  
 STREET ADDRESS **PO BOX 1116, GERMISTON 1400**  
 CITY-ST-ZIP **SOUTH AFRICA**

TITLE **D** ☐ Delete  
 NAME **SHARMA, PRAKASH**  
 STREET ADDRESS **POST OFFICE BOX 1116 GERMISTON 1400**  
 CITY-ST-ZIP **SOUTH AFRICA**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition  
 NAME **GIRISH SHARMA**  
 STREET ADDRESS **1774 BRIDGEWATER DRIVE**  
 CITY-ST-ZIP **HEATHROW, FL, 32746**

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

TITLE **VP** ☐ Change ☒ Addition  
 NAME **BRIT SHARMA**  
 STREET ADDRESS **1240 MACTAVANASH DRIVE**  
 CITY-ST-ZIP **DAVIEDO, FL, 32765**

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

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

TITLE ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(GIRISH SHARMA)**

**04/12/01**

**407 330 9696**

**PRESIDENT & DIRECTOR**

Daytime Phone #

CR2E034 (10/00)