

DOCUMENT # P99000060037

1. Entity Name
UNICELL PAPER MILLS, INC.



Principal Place of Business
725 PRIMERA BLVD., #215
LAKE MARY, FL 32746

Mailing Address
725 PRIMERA BLVD., #215
LAKE MARY, FL 32746

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

INTRASTATE REGISTERED AGENT CORPORATION
200 S. ORANGE AVENUE, SUITE 2600
ORLANDO, FL 32801

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D SHARMA, GIRISH 1774 BRIDGEWATER DRIVE HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA, PRAKASH 30C, CHEETHAM ROAD BEDFORD PARK, 2008, GA S. AFRICA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SHARMA, BRIJ 1240 MACTAVANDASH DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400119547464
03/06/08--01008--019 **438.75

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #

(BRIJ SHARMA)

02/09/2008

407 3309696