

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90027 044 \*\*\*150.00

**DOCUMENT # P96000075197**

1. Entity Name  
**POWERNET SOLUTIONS, INC.**

Principal Place of Business	Mailing Address
3191 CORAL WAY SUITE 115-133 MIAMI FL 33145 US	7320 GRIFFIN ROAD 210 FT. LAUDERDALE FL 33314-4105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3785 NW 82nd Ave**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.  
**112**

City & State  
**Miami, FL**

Zip Country  
**33166 1**

4. FEI Number **65-0722847**

Applied For  
 Not Applicable

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AKLEPI, ALEXANDER**  
**7375 SW 114 ST**  
**MIAMI FL 33156**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title, if any, below) (NOTE: Registered Agent's signature required when ret. filing)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN-AKLEPI, JAMIE</b>	
STREET ADDRESS	<b>7375 SW 114 AVENUE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>VPST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUBNITSKY, MARIA</b>	
STREET ADDRESS	<b>17351 SW 58 STREET</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33331</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alexander Aklepi* **4/27/00** **(305) 993-7099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Electronically