

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90319 013 ***150.00

DOCUMENT # P99000076715

1. Entity Name
POWER 10 GROUP, INC.

Principal Place of Business

Mailing Address

2900 BIRD AVE., #17
 MIAMI FL 33133

2900 BIRD AVE., #17
 MIAMI FL 33133-4569

2. Principal Place of Business

3. Mailing Address

2900 Bird Ave.

2900 Bird Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#17

#17

City & State

Miami, Florida

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0943828

Applied For

Not Applicable

5. 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

FINK, BRIAN L ESQ
1700 ALFRED I. DUPONT BLDG.
169 E. FLAGLER ST.
MIAMI FL 33131

Name

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

City

FL

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

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 \$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	DPT	<input type="checkbox"/> Delete
NAME	HILL, STEPHEN	
STREET ADDRESS	2900 BIRD AVE., #17	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, CYNTHIA	
STREET ADDRESS	2900 BIRD AVE., #17	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	HELDT, STEVEN	
STREET ADDRESS	2900 BIRD AVE., #17	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cynthia F. Hill **CYNTHIA F. HILL** Secretary *4/2/00* (305) 446-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #