2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000108717** Apr 27, 2000 8:00 am Secretary of State DACRA POWER PLANT VILLAGE, INC. 04-27-2000 90005 008 ***150.00 Mailing Address Principal Place of Business 230 FIFTH STREET 230 FIFTH STREET MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business Pennsylvania Ave 1632 Pennsylvania DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65097640 Not Applicable 1.ami \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 3 7.-Name and Address of New Registered Agent Name and Address of Current Registered Agent ROBINS, CRAIG 230 FIFTH STREET MIAMI BEACH FL 33139 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pri FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its in 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITL F NAME ROBINS, CRAIG NAME 1632 PennsylvaniaAve Miami Black, FL 33139 Change Gaddition STREET ADDRESS STREET ADDRESS 230 FIFTH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete TITLE TITLE Steven bretenstein NAME NAME 1632 Pennsylvania Au Miami Beach, FL 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplies 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 an 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 this ownered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplies. changed, or on an attachment with an address; with all other like empowered.