

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 am
Secretary of State

04-19-2002 90002 027 ***150.00

DOCUMENT # G45339

1. Entity Name

PROPULSION TECHNOLOGY CORPORATION

Principal Place of Business

**8855 NW 35TH LN
 MIAMI FL 33172
 US**

Mailing Address

**8855 NW 35TH LN
 MIAMI FL 33172
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2296998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SILVERMAN, STEVEN
 9400 S DADELAND BLVD
 STE 600
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

STEVEN SILVERMAN

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

9500 SOUTH DADELAND BLVD STE 550

City

MIAMI

FL

Zip Code
33156

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, 2002 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 **PD** ☐ Delete
 NAME **ELKAYAM, RAPHAEL**
 STREET ADDRESS **8855 NW 35TH LN**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

RAPHAEL ELKAYAM 4/4/02 305-592 1044

Date

Daytime Phone #

CR25034 (5/01)