

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am  
Secretary of State

03-02-2001 90107 017 \*\*\*150.00

DOCUMENT # F00000004016

1. Entity Name  
POWERPRISE, INC.

Principal Place of Business

Mailing Address

~~26 DE MAYO 1630~~  
~~MENDOZA (5500)~~  
~~ARGENTINA~~ MIAMAMA, FL.

~~26 DE MAYO 1630~~ 1317 SANTOPEZ CIR  
~~MENDOZA (5500)~~ # 1313  
~~ARGENTINA~~ WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

MIAMAMA, FL  
Suite, Apt. #, etc.

1317 SANTOPEZ CIR. #  
#1313  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

98-0227144

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTCD  
VIDABLE, EDGAR W  
26 DE MAYO 1630, MENDOZA (5500)  
ARGENTINA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT - ~~SECRETARY~~  
EDGAR VIDABLE  
1317 SANTOPEZ, CIR # 1313  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DE ROSSETTI, ROBERTO  
26 DE MAYO 1630, MENDOZA (5500)  
ARGENTINA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
THE ASVIA - DIRECTOR  
DE ROSSETTI, ROBERTO  
SAML

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SANCHEZ, LUIS  
26 DE MAYO 1630, MENDOZA (5500)  
ARGENTINA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
SANCHEZ, LUIS  
SAML

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 26<sup>th</sup> 2001  
954-349-8587  
Daytime Phone #

CR2E034 (10/00)