

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K38674****1. Entity Name**
POWER HEALTH INTERNATIONAL CORPORATION**Principal Place of Business****12 CANAL ST.**
MIAMI SPRINGS FL 33166
US**Mailing Address****12 CANAL ST.**
MIAMI SPRINGS FL 3316
US**2. Principal Place of Business****8180 NW 36 ST**

Suite, Apt. #, etc.

SUITE 100**MIAMI FL****Zip 33166****Country USA****3. Mailing Address****8180 NW 36 ST**

Suite, Apt. #, etc.

STC 100**MIAMI FL****Zip 33166****Country USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0093654

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****SAHADEO, SINGH**
450 ANSIN BLVD
HALLANDALE FL 33009

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, 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
PV
SINGH, SAHADEO
450 ANSIN BLVD
HALLANDALE FL
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
SINGH, EASTLIN
450 ANSIN BLVD
HALLANDALE FL
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**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

Date

Daytime Phone #

CR2E034 (10/00)