

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90224 027 \*\*\*\*50.00

**DOCUMENT # L00000001979**

1. Entity Name

**POWER GROUP, LLC**

Principal Place of Business

721 S.E. 17TH STREET, SUITE 200  
 FT. LAUDERDALE FL 33316

Mailing Address

721 S.E. 17TH STREET, SUITE 200  
 FT. LAUDERDALE FL 33316

2. Principal Place of Business

1401 Dewey Street  
 Suite, Apt. #, etc.

3. Mailing Address

1401 Dewey Street  
 Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0958738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND  
 721 S.E. 17TH STREET, SUITE 200  
 FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **FERNAND LAMOTHE**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1401 Dewey Street  
 City **Hollywood** FL Zip Code **33020**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **LAMOTHE, FERNAND**  
 STREET ADDRESS **721 S.E. 17TH STREET, SUITE 200**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Lamothé FERNAND**  
 STREET ADDRESS **1401 Dewey Street**  
 CITY-ST-ZIP **Hollywood, FL 33020**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/2002 954-922-1313

CR2E083 (9/01)