

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90008 023 ****50.00

DOCUMENT # L02000012267

1. Entity Name
POWER MARITIMA USA LLC



Principal Place of Business

~~2201 NW 45TH AVENUE~~
~~COCONUT CREEK FL 33066~~

Mailing Address

~~2201 NW 45TH AVENUE~~
~~COCONUT CREEK FL 33066~~

2. Principal Place of Business

784 SAINT ALBANS DRIVE

3. Mailing Address

317117 NEWPORT CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

43-1962459

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VASCONEZ, PATRICIO
2201 NW 45TH AVENUE
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

VASCONEZ, PATRICIO

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

784 SAINT ALBANS DRIVE

City

BOCA RATON

FL

Zip Code

33486

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

MGR
VASCONEZ, PATRICIO ☐ Delete
2201 NW 45TH AVENUE
COCONUT CREEK FL 33066

10. ADDITIONS/CHANGES

MGR
VASCONEZ, PATRICIO ☒ Change ☐ Addition
784 SAINT ALBANS DRIVE
BOCA RATON, FL 33486

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 REQUIRED

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

03/26/2003 **561**
955.9161

Date

Daytime Phone #

CR2E083 (10/02)

0053815