

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002478

1. Entity Name
POWERHOUSE PLUS, L.C.

FILED

01 MAY -1 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2875 N.E. 191ST STREET, SUITE 500
AVENTURA FL 33180

Mailing Address
2875 N.E. 191ST STREET SUITE 500
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 Ponce de Leon Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1200 Ponce de Leon Blvd.
Suite, Apt. #, etc.

City & State
Coral Gables, FL
Zip 33134 Country US

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Coral Gables, FL
Zip 33134 Country US

4. FEI Number 59-3540543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BREAKSTONE, ARTHUR
2875 N.E. 191ST STREET, SUITE 500
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Arthur Breakstone
Street Address (P.O. Box Number is Not Acceptable)
1200 Ponce de Leon Blvd.
City Coral Gables FL Zip Code 33134

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 *Arthur Breakstone*
Signature, typed or printed name of registered agent and title if applicable.

Arthur Breakstone
NOT Registered Agent signature required when reinstating

4/30/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME BREAKSTONE, ARTHUR
STREET ADDRESS 2875 N.E. 191ST STREET, SUITE 500
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE MGRM
NAME BREAKSTONE, JULIE
STREET ADDRESS 2875 N.E. 191ST STREET, SUITE 500
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGRM
NAME Breakstone, Arthur
STREET ADDRESS 1200 Ponce de Leon Blvd
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE MGRM
NAME Breakstone, Julie
STREET ADDRESS 1200 Ponce de Leon Blvd
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
0000004274210--6
-05/21/01--01145--022
*****50.00 *****50.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01 (305) 705-0001
Date Daytime Phone #

CR2E083 (11/00)

00113 5 AF