

# 2000 UNIFORM BUSINESS REPORT (UBR)

006271 AF

**DOCUMENT #** L99000000835

1. Entity Name  
**POWER B'S, L.L.C.**

APPROVED  
AND  
FILED

00 APR -3 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/19



Principal Place of Business  
4400 NW 19TH AVENUE  
FT LAUDERDALE FL 33309

Mailing Address  
4400 NW 19TH AVENUE  
FT LAUDERDALE FL 33309-4566

2. Principal Place of Business  
**2008 WILTON DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2008 WILTON DR.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**WILTON MANORS, FL**  
Zip  
**33305**  
Country  
**USA**

City & State  
**WILTON MANORS, FL**  
Zip  
**33305**  
Country  
**USA**

4. FEI Number **65-0902781**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**PARKER, THOMAS M ESQ**  
**100 SE 2ND STREET**  
**17TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KELLEY, KAREN 4400 NW 19TH AVENUE FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORAN, CAROL 1521 NE 1ST AVENUE FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **KAREN KELLEY** **PRESIDENT** **3/21/00** **954-564-8480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)