

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000007242

1. Entity Name

POWER GROUP INVESTMENT LLC

00 APR 29 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

721 SE 17TH STREET

SUITE 200

FT LAUDERDALE FL 33316

Mailing Address

721 SE 17TH STREET

SUITE 200

FT LAUDERDALE FL 33316-2927



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MM

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

LAMOTHE, FERNAND

721 SE 17TH STREET

SUITE 200

FT LAUDERDALE FL 33316

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

300003249723--9  
-05/12/00--01015--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| MGR<br>LAMOTHE, FERNAND<br>721 SE 17TH STREET STE 200<br>FT LAUDERDALE FL 33316 |                                 |                                                |                                                                   |
|                                                                                 |                                 |                                                |                                                                   |
|                                                                                 |                                 |                                                |                                                                   |
|                                                                                 |                                 |                                                |                                                                   |
|                                                                                 |                                 |                                                |                                                                   |
|                                                                                 |                                 |                                                |                                                                   |
|                                                                                 |                                 |                                                |                                                                   |
|                                                                                 |                                 |                                                |                                                                   |

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)