

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M28965

i. Entity Name

~~SMALL VENTURES, INC.~~
POWER VENT TECHNOLOGIES, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90003 049 ***150.00

Principal Place of Business

Mailing Address

GARFIELD ROAD
BEACH FL 33484

C/O ACCOUNTING & BUSINESS CONSULTANTS, INC
17 ROSE DRIVE
FT. LAUDERDALE FL 33316-1041
US

Principal Place of Business

3. Mailing Address

2615 N.E. 5th Ave.

2615 N.E. 5th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach FL

Pompano Beach FL

Zip

Zip

33064

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

SMALL, MARK
5067 GARFIELD RD.
DELRAY BEACH FL 33484

4. FEI Number

59-2654926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

ii. OFFICERS AND DIRECTORS

PD
SMALL, MARK
5067 GARFIELD ROAD
DELRAY BEACH FL 33484

☐ Delete

☐ Delete

☐ Delete

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☐ Delete

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)