

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90036 038 \*\*\*150.00

**DOCUMENT # M 2 8 9 6 5**  
1. Entity Name  
*Power Vent Technologies, Inc.*

**DO NOT WRITE IN THIS SPACE**

**B 1058813**

2. Principal Place of Business <i>2615 N.E. 5th Ave.</i>	3. Mailing Address <i>2615 N.E. 5th Ave.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Pompano Beach, FL</i>	City & State <i>Pompano Beach, FL</i>	4. FEI Number <i>59-2654926</i>	Applied For Not Applicable
Zip <i>33064</i>	Country <i>US</i>	Zip <i>33064</i>	Country <i>US</i>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Mark Small*

Street Address, (P.O. Box Number, is Not Acceptable)  
*2615 N.E. 5th Ave.*

City *Pompano Beach* FL Zip Code *33064*

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 \_\_\_\_\_ (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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD Small, Mark 5067 Garfield Road Delray Beach, FL 33484</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S/T Lindgren, Peter 2615 N.E. 5th Ave. Pompano Beach, FL 33064</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>CEO Gruenwald, David 2615 N.E. 5th Ave. Pompano Beach, FL 33064</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mark Small* (Signature) *03/04/02* Date *954 943-4243* Daytime Phone #