

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M56423

1. Entity Name

ENERGY-WORKS INTERNATIONAL, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90085 001 \*\*\*150.00

04-06-2000 90085 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

936 INTRACOASTAL DRIVE  
SUITE 705  
FT LAUDERDALE FL 33304  
US

P. O. BOX 7300  
FT LAUDERDALE FL 33338-7300  
US

2. Principal Place of Business

3. Mailing Address

10250 Collins Ave

Suite, Apt. #, etc.

# 301

City & State

Bal Harbour

Zip

FL 33154

Country

USA

Zip

FL 33154

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINER-HORNSTEYN, HELENA  
936 INTRACOASTAL DRIVE  
SUITE 705  
FT LAUDERDALE FL 33304

Name  
Steiner-Hornsteyn  
Street Address (P.O. Box Number is Not Acceptable)  
10250 Collins Ave  
Suite 301  
City  
Bal Harbour  
FL  
Zip Code  
33154

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

*Helena Steiner-Hornsteyn, Pres.*

3/29/00

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME STEINER-HORNSTEYN, H.  
STREET ADDRESS 936 INTRACOASTAL DRIVE #705  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE  
NAME Steiner-Hornsteyn H.  
STREET ADDRESS 10250 Collins Ave # 301  
CITY-ST-ZIP Bal Harbour, FL 33154 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Helena Steiner-Hornsteyn, Pres.*

Date

Daytime Phone #

CR2E034 (9/99)