

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90001 018 ****70.00

DOCUMENT # *N02000009173*

1. Entity Name

Student Power Up, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12501 SW 62 Ave

Suite, Apt. #, etc.

3. Mailing Address

12501 SW 62 AVE

Suite, Apt. #, etc.

54057233

DO NOT WRITE IN THIS SPACE

City & State

Pinecrest, Florida

City & State

Pinecrest, Florida

4. FEI Number

43-2000249

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joel L. Tabas

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

~~12501 SW 62 AVE~~ **25 SE 2 AV STE 919**

City

~~Pinecrest~~ **Miami**

FL

Zip Code

~~33156~~ **31**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joel L. Tabas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-8-04

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Teddy Bricker
12501 SW 62 AV
Pinecrest FL, 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Guy David
7185 SW 101 St.
Pinecrest FL, 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Susan Tabas
12501 SW 62 AV
Pinecrest, FL, 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Susan Tabas
12501 SW 62 AV
Pinecrest, FL, 33156

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**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan B. Tabas

6/8/04

305 667-7703

CR2E037B (12/02)