

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N99000002545

1. Entity Name

PROSPERITY POWER, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-06-2000 90009 046 ****61.25

Principal Place of Business Mailing Address
2600 S. OCEAN BLVD., #190 2600 S. OCEAN BLVD., #190
BOCA RATON FL 33432 BOCA RATON FL 33432-8341

2. Principal Place of Business 3. Mailing Address
6820 NW 103rd Terrace 6820 NW 103rd Terrace
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Parkland, Fl. Parkland, Fl.

Zip Country Zip Country
33076 33076

4. FEI Number Applied For
65-0913376 Not Applicable

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


6. Name and Address of Current Registered Agent

HENDELSON, LEE
777 S. FLAGLER DR., STE. 909
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
515 No. Flagler Dr., #1201
City West Palm Beach FL Zip Code 33401-4347

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  Lee Hendelson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Ernest Chu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00

561-833-5560

CR2E037 (9/99)