

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90300 007 ***150.00

DOCUMENT # P00000024452

1. Entity Name

POWER IRON, INC.

Principal Place of Business

12531 SW 130TH ST
MIAMI FL 33186

Mailing Address

12531 SW 130TH ST
MIAMI FL 33186

645544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FBI Number

65-0997482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVAJAL, HECTOR
12531 SW 130TH ST
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *x*

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

(NOTE: Registered Agent signature required when re-instating)

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, 2001 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

TITLE	P	NAME	CARVAJAL, HECTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			12531 SW 130TH ST	
CITY-ST-ZIP			MIAMI FL 33186	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	NAME	Carvajal Hector	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			12531 SW 130 ST	
CITY-ST-ZIP			Miami, FL 33186	
TITLE	PD	NAME	Araujo Janeth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			12531 SW 130 ST	
CITY-ST-ZIP			Miami, FL 33186	
TITLE	VD	NAME	Madrid Gildardo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			12531 SW 130 ST	
CITY-ST-ZIP			Miami, FL 33186	
TITLE	SD	NAME	Corvajal Daniel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			12531 SW 130 ST	
CITY-ST-ZIP			Miami, FL 33186	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)