

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045225

1. Entity Name

POWER EDUCATION, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90321 001 ***150.00

Principal Place of Business

1030 W INTERNATIONAL SPEEDWAY BLVD. #100
DAYTONA BEACH FL 32114-3415

Mailing Address

1030 W INTERNATIONAL SPEEDWAY BLVD. #100
DAYTONA BEACH FL 32114-3415

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHecter, RANDAL L ESQ
1030 W INTERNATIONAL SPEEDWAY BLVD. #100
DAYTONA BEACH FL 32114-3415

7. Name and Address of New Registered Agent

Name

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

City

State

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

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

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

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 NAME *Abderrahmane Delili* ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME *# Pres. Abderrahmane Delili* ☐ Change ☒ Addition
 STREET ADDRESS *180 Parrulli Dr.*
 CITY-STATE-ZIP *Ormond Beach FL 32174*

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Telephone

CR2E034 (10/00)

A. Delili *Abderrahmane Delili* *04/26/01* *386-252 8770*