

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90066 035 ***150.00

0011359 AV

DOCUMENT # P00000045225

1. Entity Name
POWER EDUCATION, INC.

Principal Place of Business **Mailing Address**
~~1030 W INTERNATIONAL SPEEDWAY BLVD. #100~~ ~~1030 W INTERNATIONAL SPEEDWAY BLVD. #100~~
~~DAYTONA BEACH FL 32114-3415~~ ~~DAYTONA BEACH FL 32114-3415~~



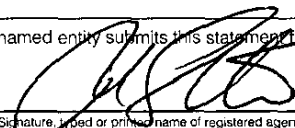
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
131-A Business Center Dr. **175 W. Granada Blvd.**
Suite 1 **Suite 201**
Ormond Beach, FL **Ormond Beach, FL**
32174 **32174-6362** **USA** **USA**

4. FEI Number **APPLIED FOR** **Applied For**
59-3709377 **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
SCHecter, RANDAL L ESQ **Name** **Randal L. Schecter, Esquire**
1030 W INTERNATIONAL SPEEDWAY BLVD. #100 **Street Address (P.O. Box Number is Not Acceptable)** **175 W. Granada Blvd.**
DAYTONA BEACH FL 32114-3415 **Suite 201**
Ormond Beach **FL** **32174-6362**

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  **03/27/02**
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 **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
Tax filing requirement and elects to do so. **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
(See criteria on back) **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DEHILI, ABDORRAHMANE		STREET ADDRESS		
CITY-ST-ZIP	180 PARRULLI DR.		CITY-ST-ZIP		
	ORMOND BEACH FL 32174				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **Abderrahmane Dehili, Pres.** **03/27/02** **(386) 295 4863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)