FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 1. Entity Name GLOBAL POWERUPS.COM, INC.	49358	ue f	Feb 02, 2001 8:00 a Secretary of State 02-02-2001 90258 041 ***150.00	m
Principal Place of Business 8700 NW 7TH AVENUE MIAMI FL 33150	Mailing Address 8700 NW 7TH AVENUE MIAMI FL 33150			
2. Principal Place of Business 8290 SW 180 ST Suite, Apt. #, etc.	3. Mailing Address 8290 S	SW 180 ST	DO NOT WRITE IN THIS SPACE	
City & State MIAMI FL	City & State MIAMI	FL	4. FEI Number 65 - 10096 10 Applied F Not Applie	
Zip 33157 Country	^{Zip} _33157	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current I BERRY, JERE L 8700 NW 7TH AVENUE MIAMI FL 33150	Registered Agent	Street Address 8290	7. Name and Address of New Registered Agent FRRY TERE L S (P.O. Box Number is Not Acceptable) SW 180 ST MAMI FL Zip Sede S	7
The above named entity submits this statement for	the purpose of changing its		<u> </u>	
SIGNATURE John Kennessen Signature, typed or printed name of registered answer	JOHN R BERI	27 Registered Agent signature require	Sens TEREL BERRY 01/26/01	-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 200	!! FEE IS \$150.00 01 Fee will be \$550.00 le to Department of St		
11. OFFICERS AND	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ddition 8
NAME STREET ADDRESS CITY-ST-ZIP BERRY, JERE L 8290 SW 180TH ST. MIAMI FL 33157	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		707/
TITLE VPD NAME SAMUEL, MACK STREET ADDRESS 8700 NW 7TH AVENUE CITY-ST-ZIP MIAMI FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BERRY, JOHN R 8290 SW 180TH ST. MIAMI FL 33157	- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	ddition
TITLE NAME SAMUEL, VANDENE STREET ADDRESS CITY-ST-ZIP MIAM! FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ A	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition
indicated on this report or supplemental report is	true and accurate and that nowered to execute this report	ny signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the informane same legal effect as if made under oath; that I am an officer or dire sor, Florida Statutes; and that my name appears in Block 11 or Block	CLOI /
SIGNATURE:	REPUBLICATION OF SERVING OFFICER		BERRY 1/26/01 786 242 25	326