

FILED
Jul 19, 2001 8:00 am
Secretary of State

06-14-2001 90006 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 0000000099148

1. Entity Name
POWER SERVICES & EQUIPMENT, INC.

Principal Place of Business Mailing Address
1322 N. S.W. 68 ST
MIAMI - FL 33183

76664

2. Principal Place of Business 3. Mailing Address
6021 S.W. 133 Rd Ct 6021 SW 133 Rd Ct
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIAMI - Florida MIAMI FL X65-107023B Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33183 33183 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Eduardo SALAZAR Name
6021 S.W. 133 Rd Ct Street Address (P.O. Box Number is Not Acceptable)
MIAMI - FL 33183 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 (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
After MAY 1, 2001 Fee will be \$550.00
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	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		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		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP		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: X 05/30/01 (305) 383-9006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Attachment
Doc# P00000099148
7/6/01



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 3, 2001

POWER SERVICE EQUIPMENT, INC.
6021 SW 133RD COURT
MIAMI, FL 33183

Subject: POWER SERVICE EQUIPMENT, INC.

Reference: P00000099148
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SG

ANNUAL REPORTS SECTION