

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90544 002 ***450.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000102314			
1. Entity Name: POWERNET R&D DIVISION INC.			
Principal Place of Business 800 BRICKELL AVENUE, SUITE 901 MIAMI, FL 33131		Mailing Address 800 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	
2. Principal Place of Business 10400 NW 33 ST.		3. Mailing Address 10400 NW 33 STREET	
Suite, Apt. #, etc. 270		Suite, Apt. #, etc. 270	
City & State MIAMI FL 33172		City & State MIAMI FLORIDA	
Zip 33172	Country USA	Zip 33172	Country USA
4. Name and Address of Current Registered Agent OCAMPO, CARLOS A 800 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131		4. FEI Number 65-1052228 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name OCAMPO, CARLOS A. Street Address (P.O. Box Number is Not Acceptable) 10400 NW 33 STREET City MIAMI, FL. FL Zip Code 33172	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 05-01-03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required within 30 days.)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME OCAMPO, CARLOS A STREET ADDRESS 800 BRICKELL AVENUE, SUITE 900 CITY-ST-ZIP MIAMI, FL 33131 ☒ Delete		TITLE PD NAME OCAMPO, CARLOS A STREET ADDRESS 10400 NW 33 STREET CITY-ST-ZIP MIAMI, FL 33172 ☒ Change ☐ Addition	
TITLE SD NAME DUMAS, PAUL STREET ADDRESS 800 BRICKELL AVENUE, SUITE 900 CITY-ST-ZIP MIAMI, FL 33131 ☒ Delete		TITLE SD NAME DUMAS, PAUL STREET ADDRESS 800 BRICKELL AVENUE, SUITE 900 CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ Addition	
TITLE VPD NAME OCAMPO, TULIO A STREET ADDRESS 800 BRICKELL AVENUE, SUITE 900 CITY-ST-ZIP MIAMI, FL 33131 ☒ Delete		TITLE VPD NAME OCAMPO, TULIO A STREET ADDRESS 10400 NW 33 STREET #270 CITY-ST-ZIP MIAMI, FL 33172 ☒ Change ☐ Addition	
TITLE TD NAME EVERS, MONICA STREET ADDRESS 800 BRICKELL AVE SUITE 901 CITY-ST-ZIP MIAMI, FL 33131 ☒ Delete		TITLE TD NAME EVERS, MONICA STREET ADDRESS 800 BRICKELL AVE SUITE 901 CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D LUIS F OCAMPO 10400 NW 33 STREET #270 MIAMI, FL 33172 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP OCAMPO, ALVARO F. 10400 NW 33 STREET #270 MIAMI, FL 33172 ☐ Change ☒ Addition	
12. 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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:  DATE 05-01-03 (954) 816-4119 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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☒ CHECK HERE IF MAKING CHANGES

CP2E034 (10/02)