

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-20-2002 90074 014 ***150.00

DOCUMENT # **P00000107133**
Entity Name
POWER GROUP SERVICES INC.

Principal Place of Business
**17421 NW 48TH AVE.
MIAMI FL 33055**

Mailing Address
**17421 NW 48TH AVE.
MIAMI FL 33055**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-1064209**
Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TORRES, YOEL-
17421 NW 48TH AVE.
MIAMI FL 33055**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

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, 2002 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		<input type="checkbox"/> Delete
FILE NAME	PD TORRES, YOEL	<input type="checkbox"/>
STREET ADDRESS	17421 NW 48TH AVE.	
CITY-ST-ZIP	MIAMI FL 33055	
FILE NAME	PD TORRES, MARIA I	<input type="checkbox"/>
STREET ADDRESS	17421 NW 48TH AVE.	
CITY-ST-ZIP	MIAMI FL 33055	
FILE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date **3-14-02** Daytime Phone #

CR2E034 (9/01)