

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90042 019 ***150.00

DOCUMENT # P00000116141

1. Entity Name

LABOR POWER, INC.

Principal Place of Business

**1035 NE 125TH STREET #314
 NORTH MIAMI FL 33161**

Mailing Address

**1035 NE 125TH STREET #314
 NORTH MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

1035 NE 125ST

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

City & State

NORTH MIAMI

Zip

Country

33161

Zip

Country

33161

4. FEI Number

65-1062348

Applied For

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

**CASTRANOVA, JOSEPH
 1035 NE 125TH STREET #314
 NORTH MIAMI FL 33161**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **CASTRANOVA, JOSEPH**
 CITY-ST-ZIP **1035 NE 125TH STREET #314 200
 NORTH MIAMI FL 33161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Joseph Castanova

JOSEPH CASTRANOVA

3/15/01

305-891-1635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)