

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

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90219 032 \*\*\*150.00

DOCUMENT # **P01000038787**

1. Entity Name

**GLOWPOWER.COM, INC.**

**DO NOT WRITE IN THIS SPACE**

**976219**

2. Principal Place of Business

**17601 NE 7TH PL**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**NORTH MIAMI BEACH FL**

City & State

Zip

**- 33162**

Country

Zip

Country

4. FEI Number

**65-1101056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**SASSON, PERRY**

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

**17601 NE 7TH PL**

City **NORTH MIAMI BEACH FL**

Zip Code

**33162**

**DO NOT WRITE  
IN THIS SPACE**

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 reinsiding)

DATE

**8/21/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PTSD**

**SASSON, PEREZ PERRY**

**17601 NE 7TH PL**

**NORTH MIAMI BEACH FL 33162**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/21/02**

Date

**305-331-6780**

Daytime Phone

CR2E034B (12/01)

Attachment

976219  
#P01000038787

Glowpower.com, Inc.  
17601 NE 7<sup>th</sup> Place  
North Miami Beach, FL 33162

August 21, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P01000038787

Dear Sir or Madam:

We are enclosing the Uniform Business Report for the above corporation with a check for \$150.00. We were not aware that we had to pay this fee because we never received the enclosed form. Our intention as a new business is not to avoid paying the appropriate fees, but unfortunately, this has been a learning process.

Please accept our check and payment for \$150.00 and consider not penalizing us. We truly appreciate your cooperation.

Sincerely,

  
Perez Perry Sasson