FILED
Jun 20, 2002 8:00 am
Secretary of State
05-24-2002 91334 009 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045332

1. Entity Name POWERTOYZ PERFORMANCE INC
3511 SW 112 CT
MIAMI FL 33165

36192

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12356 S.W. 117 CT	3511 SW 112 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33186 Country: USA	Zip: 33165 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1103758 — Applied For ☐ Not Applicable ☑

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ROBERT SOLER
Street Address (P.O. Box Number is Not Acceptable): 3511 SW 112 CT
City: MIAMI FL Zip Code: 33165

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

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	PRESIDENT	TITLE	
NAME	ROBERT SOLER	NAME	
STREET ADDRESS	3511 SW 112 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	LOURDES SOLER	NAME	
STREET ADDRESS	3511 SW 112 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. SOLER 5/1/02 305-256-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #