

APPROVED
AND
FILED
02 SEP -4 PM 4:11

SECRET OF STATE
TALLAHASSEE, FL 32302-0000
00036-011-\$158.75-\$158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063353

1. Entity Name
POWER WIDE CORP.

3000007731813--4
-09/13/02--01039--030
*****8.75 *****8.75

Principal Place of Business
1048 OPA-LOCKA BLVD.
OPA LOCKA FL 33054
440 EAST 23 ST #1309
HIALEAH, FL 33013

Mailing Address
1048 OPA-LOCKA BLVD.
OPA LOCKA FL 33054
440 EAST 23 ST
#1309
HIALEAH, FL 33013

460140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

(4) FEI Number 65-1116057
Applied For Not Applicable

6. Name and Address of Current Registered Agent HERNANDEZ, JESUS J 1048 OPA-LOCKA BLVD. OPA LOCKA FL 33054		7. Name and Address of New Registered Agent Name: ADALBERTO RUZ Street Address (P.O. Box Number is Not Acceptable): 440 EAST 23 ST #1309 City: HIALEAH FL Zip Code: 33013	
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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 date 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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUZ, ADALBERTO 1048 OPA-LOCKA BLVD. OPA LOCKA FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JESUS J 1048 OPA-LOCKA BLVD. OPA LOCKA FL 33054 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

RECEIVED
AUG 02 2002
ATSC IRS #7083

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, authorized agent, or authorized representative of the entity, and that I am not a resident of Florida. If the entity is a corporation, I am authorized to execute this report as required by Chapter 897, Florida Statutes, and that my name appears in Block 11 or Block 12 of this report.

06/26/2002 12:08 3057570846

CASA MARINA

PAGE 03

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 07-03-2001
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 65-1116057
FORM: SS-4
0716932363 B

FOR ASSISTANCE CALL US AT:
1-800-829-1040

POWER WIDE CORP
1046 OPA LOCKA BLVD
OPA LOCKA FL 33054

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1116057. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

ANTI-COURL SYSTEM (ACS) CHECK

TIME: 10/26/1992 01:38

NAME: JACK TARABOULOS

FAX : 305-598-8338

TEL : 305-271-4360