

# 2002 UNIFORM BUSINESS REPORT (UBR)

0065722 AV

DOCUMENT # P01000092731

1. Entity Name  
ENER1 TECHNOLOGY CORPORATION

FILED

02 DEC 12 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
550 CYPRESS CREEK ROAD STE 120  
FT LAUDERDALE FL 33309

Mailing Address  
550 CYPRESS CREEK ROAD STE 120  
FT LAUDERDALE FL 33309

2. Principal Place of Business  
550 W Cypress Creek Rd.  
Suite, Apt. #, etc. Suite 120  
City & State Ft Lauderdale, FL  
Zip 33309 Country USA

3. Mailing Address  
550 W Cypress Creek Rd.  
Suite, Apt. #, etc. Suite 120  
City & State Ft Lauderdale, FL  
Zip 33309 Country USA

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

4. FEI Number 03-0442414  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
AMERICAN INFORMATION SERVICES INC  
ONE SE 3 AVE  
28TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name Mike Zoi  
Street Address (P.O. Box Number is Not Acceptable) 550 W. Cypress Creek Rd.  
Suite #120  
City Ft. Lauderdale FL Zip Code 33309

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Mike Zoi	550 W. Cypress Creek Rd Suite 120	Ft. Lauderdale, FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**

10/07/02

Daytime Phone #

CR2E034 (4/02)