

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90189 047 ***150.00

DOCUMENT # P02000016105

1. Entity Name
POWER SMOOTHIE U.S.A., INC.



Principal Place of Business
**2255 GLADES RD., STE. 324A
BOCA RATON FL 33431**

Mailing Address
**2255 GLADES RD., STE. 324A
BOCA RATON FL 33431**



2. Principal Place of Business

5499 N. Federal Hwy

3. Mailing Address

5499 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33487

USA

33487

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0598896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, JOHN P
2499 GLADES RD., STE. 305A
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

James Traina

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

5499 N. Federal Hwy

Suite B

City

Boca Raton

FL

Zip Code

33487

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 **James Traina** **James Traina** **v**

2/11/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CULLEN, WILLIAM	
STREET ADDRESS	2255 GLADES RD., STE. 324A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Cullen	
STREET ADDRESS	5499 N. Federal Hwy. Suite B	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Traina	
STREET ADDRESS	5499 N. Federal Hwy. Suite B	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Desiree Traina	
STREET ADDRESS	5499 N. Federal Hwy Suite B	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all name like empowered.

SIGNATURE: **William J. Cullen** **2/11/03** **561-416-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\R2E034 (10/02)