

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90260 007 ***150.00

DOCUMENT # P02000016121

1. Entity Name
POWER SMOOTHIE WEST PALM BEACH, 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.

Suite, Apt. #, etc.

Suite B

City & State

Boca Raton, FL

Zip
33487

Country

USA

3. Mailing Address

5499 N. Federal Hwy

Suite, Apt. #, etc.

Suite B

City & State

Boca Raton, FL

Zip
33487

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0600317

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/t/s

(NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete
NAME **CULLEN, WILLIAM**
STREET ADDRESS **2255 GLADES RD., STE. 324A**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **William J. Cullen**
STREET ADDRESS **5499 N. Federal Hwy. Suite B**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **V/T/S** ☐ Change ☒ Addition
NAME **James Traina**
STREET ADDRESS **5499 N. Federal Hwy. Suite B**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 other 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 #

CR2E034 (10/02)