

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-13-2003 90056 012 ***150.00

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DOCUMENT # P02000021516

1. Entity Name

POWELL PARTNERS, INC.



Principal Place of Business

**2665 S. BAYSHORE DR., STE. 800
MIAMI FL 33133**

Mailing Address

**2665 S. BAYSHORE DR., STE. 800
MIAMI FL 33133**

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

04-3607479

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CALLEJAS, MARIA C

**2665 S. BAYSHORE DR., STE. 800
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

DAVID GERSHMAN

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

2665 SOUTH BAYSHORE DR. Ste 800

City **MIAMI**

FL

Zip Code

33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR/PRES/CEO	<input type="checkbox"/> Delete
NAME	EARL W. POWELL	
STREET ADDRESS	2665 SO BAYSHORE DR., Ste 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHRISTY POWELL	
STREET ADDRESS	2665 SO BAYSHORE DR., Ste 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	LINDA BAKER	
STREET ADDRESS	2665 SO BAYSHORE DR., Ste 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	DANIEL D. KAKSIKAS	
STREET ADDRESS	2665 SO BAYSHORE DR., Ste 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	MARIA CALLEJAS (AS)	<input type="checkbox"/> Delete
NAME	2665 SO BAYSHORE DR., Ste 800	
STREET ADDRESS	MIAMI FL 33133	
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARILYN D. KUFFNER	
STREET ADDRESS	2665 SO BAYSHORE DR., Ste 800	
CITY-ST-ZIP	MIAMI, FL 33133	

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

SIGNATURE:

MARILYN D. KUFFNER AS Sec.

Date

Daytime Phone #

5/8/03 305-858-2200

CFR2034 (10/02)