

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90133 045 \*\*\*150.00

**DOCUMENT # P02000097552**

1. Entity Name  
**ROTARY POWER INC.**



Principal Place of Business  
**8171 NW 91 TERR STE 1-C  
MEDLEY FL 33166**

Mailing Address  
**8171 NW 91 TERR STE 1-C  
MEDLEY FL 33166**

2. Principal Place of Business  
**9001 N.W. 97th Terrace**

3. Mailing Address  
**9001 N.W. 97th Terrace**

Suite, Apt. #, etc.  
**SUITE L**

Suite, Apt. #, etc.  
**SUITE L**

City & State  
**MEDLEY FL**

City & State  
**Medley, FL**

Zip  
**33178**

Country  
**USA**

Zip  
**33178**

Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**42-1552053**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, HENRY  
8585 NW 168 TERR  
MIAMI LAKES FL 33016**

Name

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

City

**FL**

Zip Code

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

**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 **DP** ☐ Delete  
NAME **GONZALEZ, HENRY**  
STREET ADDRESS **8585 NW 168 TERR**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-15-03 (305) 887-3484**

Date

Daytime Phone #

CR2E034 (10/02)