

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016115

1. Entity Name
POWERCITY CORP.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90071 028 ***150.00

Principal Place of Business 22783 STATE RD 7 SUITE 58 BOCA RATON FL 33428 US	Mailing Address 22783 STATE RD 7 SUITE 58 BOCA RATON FL 33428-5427 US
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2. Principal Place of Business 5729 NW 80th Terrace Suite, Apt. #, etc.	3. Mailing Address 5729 NW 80th Terrace Suite, Apt. #, etc.
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City & State Parkland, FL	City & State Parkland, FL
Zip 33067	Country USA

4. FEI Number 65-0470139	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STEVE TORRENCE
22783 SOUTH STATE RD. 7
SUITE 58
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **Steve Torrence**
Street Address (P.O. Box Number is Not Acceptable)
5729 NW 80th Terrace
City **Parkland** FL Zip Code **33067**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PVS	<input type="checkbox"/> Delete
NAME TORRENCE, STEVE	
STREET ADDRESS 22783 S. STATE RD. 7, STE 58	
CITY-ST-ZIP BOCA RATON FL 33428	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5729 NW 80th Terrace	
CITY-ST-ZIP Parkland, FL 33067-1140	
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	
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	

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: _____ 1/21/00 954-348-2782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)