

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90171 004 ***150.00

DOCUMENT # P94000045063

1. Entity Name

POWER PRESSURE FOR LESS, INC.

Principal Place of Business

**7410 SW 19TH
 MIAMI FL 33155**

Mailing Address

**7410 SOUTHWEST 19 TERRACE
 MIAMI FL 33155**

US

US

2. Principal Place of Business

9201 SW 140 ST.

3. Mailing Address

9201 SW 140 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0498411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARNAIZ, PATXI
 7410 SW. 19 TR
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **ARNAIZ, PATXI**

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

9201 SW 140 ST.

City **MIAMI**

FL

Zip Code **33170**

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

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

(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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **P** ☐ Delete
 NAME **ARNAIZ, PATXI I**
 STREET ADDRESS **7410 SOUTHWEST 19 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **O** ☐ Delete
 NAME **CASTILLO, CARLOS**
 STREET ADDRESS **4021 SW 6 STREET**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **OFFICER** ☐ Delete
 NAME **Nelson Hernandez**
 STREET ADDRESS **9195 SW 147 AVE #3140**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **ARNAIZ, PATXI I**
 STREET ADDRESS **9201 SW 140 ST.**
 CITY-ST-ZIP **MIAMI FL 33170**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)