

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0110480 AV

DOCUMENT # P94000056973

1. Entity Name
POWER ENGINEERING GROUP INC.



04-25-2003 90142 028 ***150.00

Principal Place of Business

**5448 HOFFNER AVE
SUITE 406
ORLANDO FL 32812
US**

Mailing Address

**5448 HOFFNER AVE
SUITE 406
ORLANDO FL 32812
US**

2. Principal Place of Business

6635 NARCOOSEE ROAD

3. Mailing Address

6635 NARCOOSEE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FL 32822

City & State

ORLANDO, FL

4. FEI Number

59-3226757

Applied For

Not Applicable

Zip

32822

Country

US

Zip

32822

Country

U.S

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

MIRZA, RAIS JAVED

8236 CASCADE OAKS DRIVE

ORLANDO FL 32822

Name

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

935 HALLOWELL ROAD CIRCLE

City

ORLANDO

FL

Zip Code

32828

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 **P** ☐ Delete
NAME **MIRZA, RAIS J**
STREET ADDRESS **8236 CASCADE OAKS DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **P.** ☒ Change ☐ Addition
NAME **MIRZA, RAIS J.**
STREET ADDRESS **935 HALLOWELL CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **T** ☐ Delete
NAME **MIRZA, ZEHRA**
STREET ADDRESS **8236 CASCADE OAKS DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **T.** ☒ Change ☐ Addition
NAME **MIRZA, ZAHARA**
STREET ADDRESS **935 HALLOWELL CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

4/22/03

Date

407-277-3150

Daytime Phone #

CR2E034 (10/02)