## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P94000066583** 1. Entity Name -ALTERNATE-ACHIEVEMENTS, INC. 04-24-2000 90066 014 \*\*\*150.00 Power Kiosks, Inc. Principal Place of Business Mailing Address 222 LAKEVIEW AVENUE 222 LAKEVIEW AVENUE SUITE 160-435 SUITE 160-435 UUU70766 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6145 3. Mailing Address 2. Principal Place of Business 181 Whitehall Drive 181 Whitehall Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0522144**APPLIED FOR** City & State City & State Applied For Markham, Ontario Markham, Ontario: Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired .... Fee Required L3R 9T1 Cañada L3R -9T1 Canada 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MINTMIRE, DONALD F Street Address (P.O. Box Number is Not Acceptable) **265 SUNRISE AVENUE** SUITE 204 PALM BEACH FL 33480 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** Change ☐ Addition TITI F PSTD TITLE Delete MINTMIRE, DONALD F NAME NAME John Marratt 265 SUNRISE AVENUE #204 STREET ADDRESS STREET ADDRESS 202 Lakeview Avenue, #160-435 West Palm Beach, FL 33401 CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Change Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

11.

SIGNATURE:

an address, with

PRINTED NAME

SIGNATURE AND TYPED OF

other like empowered

SIGNING OFFICER OR DIRECTOR