

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90122 038 \*\*\*550.00

**DOCUMENT # P94000088977**

**1. Entity Name**  
**POWERNET INTERNATIONAL INC.**

**Principal Place of Business**

13794 NW 4TH STREET  
 SUITE 208  
 SUNRISE FL 33325  
 US

**Mailing Address**

13794 NW 4TH STREET  
 SUITE 208  
 SUNRISE FL 33325  
 US

**2. Principal Place of Business**

**3. Mailing Address**

703 WATERFORD WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700

**City & State**

**City & State**

MIAMI, FL

**Zip**

**Country**

**Zip**

**Country**

33126

USA

**4. FEI Number**

65-0585304

**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**

HECKER, MARTIN  
 5201 BLUE LAGOON DRIVE  
 SUITE 700  
 MIAMI FL 33126

**Name**

MARTIN HECKER

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

703 WATERFORD WAY

SUITE 700

**City**

MIAMI

FL

**Zip Code**

33126

**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**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** HECKER, MARTIN  
**STREET ADDRESS** 5201 BLUE LAGOON DR SUITE 700  
**CITY-ST-ZIP** MIAMI FL 33126

**TITLE** DIRECTOR ☒ Change ☐ Addition  
**NAME** MARTIN HECKER  
**STREET ADDRESS** 703 WATERFORD WAY, 700  
**CITY-ST-ZIP** MIAMI, FL 33126

**TITLE** D ☒ Delete  
**NAME** MATEO, FELIX  
**STREET ADDRESS** 5201 BLUE LAGOON DR SUITE 700  
**CITY-ST-ZIP** MIAMI FL 33126

**TITLE** DIRECTOR ☐ Change ☒ Addition  
**NAME** MARCO MORENO  
**STREET ADDRESS** 703 WATERFORD WAY, 700  
**CITY-ST-ZIP** MIAMI, FL 33126

**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  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/02 (305) 728-6001

CR2E034 (4/02)