

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90024 030 ***150.00

00059421

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000057273

1. Entity Name **POWERMAX SYSTEMS, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

POWERMAX SYSTEMS, INC

Suite, Apt. #, etc.

8440 N.W. 58 STREET

City & State

MIAMI, FL 33166

Zip

33166

Country

3. Mailing Address

8440 N.W. 58 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

4. FEI Number

65-0722941

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLUSKEY, JOHN W ESQ

9130 S DADELAND BLVD., 19TH FLOOR

MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 * Delete

NAME **BOTAS, LUIS**
 STREET ADDRESS **8255 N.W. 58 STREET**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
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 CITY-ST-ZIP

TITLE Delete

NAME
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 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 Change Addition

NAME **JACK KILMER**
 STREET ADDRESS **8440 NW 58TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/00

706-592-9999

CR2E034 (9/99)