

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90060 018 ***150.00

DOCUMENT # P95000079697

1. Entity Name

J.B. POWER MANAGEMENT, CORP.

Principal Place of Business

**8545 NW 79TH AVENUE
 BUILDING 1038
 MEDLEY FL 33166- FL
 US**

Mailing Address

**P O BOX 523291
 MIAMI FL 33152
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0618334**

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

**MARGOLIS, JOHN A
 9990 SW 77TH AVENUE
 SUITE 330
 MIAMI FL 33156**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **P BONNER, JOHN F** ☒ Delete
 STREET ADDRESS **9990 SW 77TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE
 NAME **P Johnny Millon** ☐ Change ☒ Addition
 STREET ADDRESS **12911 S. Calusa Club Dr.**
 CITY-ST-ZIP **Miami FL 33186**

TITLE
 NAME **D SERRANO, JUAN R** ☒ Delete
 STREET ADDRESS **9990 77TH AVE**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE
 NAME **D Ernesto Millon** ☐ Change ☒ Addition
 STREET ADDRESS **9990 SW 77th Avenue**
 CITY-ST-ZIP

TITLE
 NAME **D BONNER, ESPERANZA M** ☒ Delete
 STREET ADDRESS **9990 SW 77TH AVE**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Change ☐ Addition
 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 (10/00)