FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # P95000083809 **Secretary of State** 1. Entity Name POWERSERVE TECHNOLOGIES, INC. 02-15-2001 90092 015 ***150.00 Principal Place of Business Mailing Address 3680 INVESTMENT LN 3680 INVESTMENT LN UNIT #5 UNIT #5 N0017857 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0618324 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ALVIN C JR 9222 E. HIGHLAND PINES DRIVE PALM BEACH GARDENS FL 33418 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE Delete TITLE 9237 W. Highland Pines Dr. Palm Beach Gardens, FC 33418 Change Addition HERNANDEZ, ALVIN C JR NAME NAME STREET ADDRESS STREET ADDRESS 9222 E. HIGHLAND PINES DRIVE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE Delete TITLE HERNANDEZ, LINDA A NAME NAME 9237 W. Highland Pines Dr. Palm Beach Gardens, FC 33418 STREET ADDRESS STREET ADDRESS 9222 E HIGHLAND PINES DR CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

561-840-1441

Daytime Phone #