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2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

Jan 11, 2002 8:00 am Secretary of State P95000083809 DOCUMENT # 01-11-2002 90017 012 ***150.00 POWERSERVE TECHNOLOGIES, INC. Principal Place of Business Mailing Address 3680 INVESTMENT LN 0000**000**000 3680 INVESTMENT LN UNIT #5 UNIT #5 RIVIERA REACH 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 Applied For City & State 4. FEI Number 65-0618324 Not Applicable 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 Name HERNANDEZ, ALVIN C JR Street Address (P.O. Box Number is Not Acceptable) 9237 W. HIGHLAND PINES DRIVE WEST PALM BEACH FL 33418 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Change Addition TITLE Delete TITLE Hernandez, Alvin C. Jr. 127 Hidden Hollow Dr. HERNANDEZ, ALVIN C JR NAME 9237 W HIGHLAND PINES DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 33 41S CITY-ST-ZIP Palm Beach Gardens, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Hernandez, Linda A 127 Hidden Hollow Dr HERNANDEZ, LINDA A NAME NAME 9237 W HIGHLAND PINES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Palm Beach Gardens. 33418 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP 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