

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003130

1. Entity Name:

TURBINE POWER ACCESSORIES, INC.



Principal Place of Business

7800A N.W. 62ND ST.
MIAMI FL 33166

Mailing Address

7800A N.W. 62ND ST.
MIAMI FL 33166

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 65-0650292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2801. BAYSHORE DRIVE
STE. 1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: ALAN E. GREENFIELD
Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road Suite: 911
BARNETT BANK Building
City: CORAL GABLES FL Zip Code: 33134

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

(NOT)

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!
After MAY 1, 2011 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: OST
NAME: FIGUEROA, RANDOLPH
STREET ADDRESS: 7800A N.W. 62ND ST.
CITY-ST-ZIP: MIAMI FL 33166 ☐ Delete

TITLE: DP
NAME: ZAMORA, HUMBERTO
STREET ADDRESS: 7800A N.W. 62ND ST.
CITY-ST-ZIP: MIAMI FL 33166 ☒ Delete

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

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

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

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

06-20-01

Date

305-591-1666

Daytime Phone

CR2034 (10/00)

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-25-2001 90288 026 ***550.00



DO NOT WRITE IN THIS SPACE