

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058919

1. Entity Name

POWER ANDA MORE ELECTRIC, CORP.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90073 041 ***150.00

Principal Place of Business

Mailing Address

1840 WEST 49TH STREET STE ~~805~~ 404
HIALEAH FL 33012

1840 WEST 49TH STREET STE ~~805~~ 404
HIALEAH FL 33012-2950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1840 WEST 49 ST - STE 404

Suite, Apt. #, etc.

1840 WEST 49 ST - STE 404

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3395636

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

MALAGON, JORGE A

1840 WEST 49TH STREET STE ~~805~~ 404
HIALEAH FL 33012

Name

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

1840 WEST 49TH STREET STE 404

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 X

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	D	<input type="checkbox"/> Delete
NAME	MALAGON, JORGE A	
STREET ADDRESS	1020 NE 111 ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jorge A Malagon

JORGE A MALAGON
PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)