

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**  
 05-05-2002 90027 022 \*\*\*150.00

**DOCUMENT # P96000071339**

1. Entity Name  
**ADVANCED POWER SYSTEMS, INC.**

**Principal Place of Business**

**201 SEVILLA AVENUE #302  
 CORAL GABLES FL 33134  
 US**

**Mailing Address**

**201 SEVILLA AVENUE #302  
 CORAL GABLES FL 33134  
 US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**7950 W. FLAGLER ST.**

Suite, Apt. #, etc.

**104**

City & State

**Miami, FL.**

Zip

**33144**

Country

**US**

**3. Mailing Address**

**7950 W. FLAGLER ST.**

Suite, Apt. #, etc.

**104**

City & State

**Miami, FL.**

Zip

**33144**

Country

**US**

**4. FEI Number**

**65-0690535**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COUTO, MIGUEL**

**7241 N 54 ST**

**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

Name

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

**7950 W. FLAGLER ST. # 104**

City

**Miami**

**FL**

Zip Code

**33144**

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, 2002 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 **D** ☐ Delete  
 NAME **COUTO, MIGUEL**  
 STREET ADDRESS **1205 MARIPOSA AVE #212**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **733 PALERMO AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

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

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

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TITLE ☐ Change ☐ 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: **MIGUEL COUTO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/2002 305-265-3404**  
 Date Daytime Phone #

CR2E034 (9/01)