

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082637

1. Entity Name

POWER 99 INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90204 036 \*\*\*163.75

Principal Place of Business

Mailing Address

7037 W. BROWARD BLVD  
PLANTATION FL 33317  
US

79 W. PLAZA NORTHSIDE SHOPPING CENTER  
MIAMI FL 33147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7037 W BROWARD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION, FL-33317

4. FEI Number

65-0705707

Applied For

Not Applicable

Zip

Country

Zip

Country

33317

US

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

CHAGANI, FIRDOUS  
19710 NE 10 CT  
N. MIAMI FL 33179

Name

MOHAN ABRAHAM

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

5270 SW 90TH WAY APT #3

City

COOPER CITY

FL

Zip Code

33328

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]* MOHAN ABRAHAM PRESIDENT

02-28-2000

(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**

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 ☒ Delete  
NAME CHAGANI, FIRDOUS  
STREET ADDRESS 1970 NE 10 CT  
CITY-ST-ZIP N. MIAMI FL

TITLE PRESIDENT (P) ☒ Change ☐ Addition  
NAME MOHAN ABRAHAM  
STREET ADDRESS 5270 SW 90TH WAY APT #3  
CITY-ST-ZIP COOPER CITY FL-33328

TITLE D ☒ Delete  
NAME CHARANIA, MAHMOOD R  
STREET ADDRESS 1987 NW 170 TERR  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VICE PRESIDENT (V) ☒ Change ☐ Addition  
NAME FELIX ABRAHAM  
STREET ADDRESS 4067 SANDER LING LANE  
CITY-ST-ZIP WESTON FL-33331

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* MOHAN ABRAHAM

02-28-2000 954-316-0933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)