

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082637

1. Entity Name

POWER 99 INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90355 006 \*\*\*150.00

Principal Place of Business

7037 W. BROWARD BLVD  
PLANTATION FL 33317  
US

Mailing Address

7037 W. BROWARD BLVD  
PLANTATION FL 33317  
US

2. Principal Place of Business

7153 N BROWARD BLVD

3. Mailing Address

7153 N BROWARD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33317

Country

US

Zip

33317

Country

US

4. FEI Number

65-0705707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, MOHAN  
5270 SW 90TH WAY APT 3  
N. MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

ABRAHAM, FELIX

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

4067 SANDERLING LANE

WESTON

City

FL

Zip Code

33331

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)* (FELIX ABRAHAM), PRESIDENT

4/20/01

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	ABRAHAM, MOHAN	
STREET ADDRESS	5270 SW 90TH WAY APT 3	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AVRAHAM, FELIX	
STREET ADDRESS	4067 SANDERLING LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, FELIX	
STREET ADDRESS	4067 SANDERLING LANE	
CITY-ST-ZIP	WESTON, FL - 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*(Signature)* FELIX ABRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(953) 316 7121

Daytime Phone #

CR2E034 (10/00)