FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000098639

1. Entity Name

MPower Project, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9037 Biscayne Blvd.	9037 Biscayne Blvd.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Miami Shores, FL	City & State Miami Shores, FL
Zip 33138 Country U.S.A.	Zip 33138 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 650717597 ☐ Applied F ☐ Not Appli

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Christopher Russo

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

9037 Biscayne Blvd.

City Miami Shores **FL** Zip Code 33138

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. I am familiar with, and acc the obligations of registered agent.

SIGNATURE Christopher Russo 12/23/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P- NAME Christopher Russo STREET ADDRESS 9037 Biscayne Blvd. CITY-ST-ZIP Miami Shores, FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300025778383 12/26/03--01081--021 **70.00
TITLE VP- NAME BTH Enterprises of Miami, Inc. STREET ADDRESS 653 N.E. 76 St. CITY-ST-ZIP Miami, FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Russo 12/23/03 (305) 758-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #