

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063582

1. Entity Name

HYDRO POWER ENTERPRISE CORP.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90001 049 ***150.00

Principal Place of Business

5901 SW 151 CT
MIAMI FL 33193
US

Mailing Address

5901 SW 151 CT
MIAMI FL 33193
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0850288

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRUZ, EDUARDO
5901 SW 151 CT
MIAMI FL 33193

Name

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME CRUZ, EDUARDO
STREET ADDRESS 5901 SW 151 CT
CITY-ST-ZIP MIAMI FL 33193

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

TITLE VD ☐ Delete
NAME MOLINA, ELIDA
STREET ADDRESS 5901 SW 151 CT
CITY-ST-ZIP MIAMI FL 33172

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
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TITLE ☐ Delete
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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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
Doc #P9 80000 635
82

D6076578

July, 2000

Department of State
Division of Corporation

Uniform Business Report Fillings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: Hydro Power Enterprise Corp.

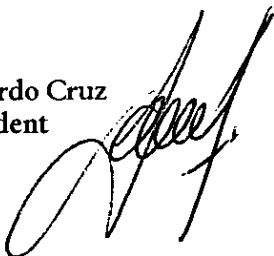
To whom it may concern:

Please be advised that we renewed our corporation every year, but this time we did not received the first annual report on our address. Enclose there is a check for the amount of \$150.00 dollars. Therefore we are pleading you to waive the penalty charges and excuse any inconvenience this might have caused.

If you have any question don't hesitate to contact me if you still need further assistance, in the meantime I remain.

Respectfully,

Eduardo Cruz
President

A handwritten signature in black ink, appearing to read 'Eduardo Cruz', is written over the printed name and title.