

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064558

1. Entity Name

POWER CODE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90002 023 ***150.00

Principal Place of Business
100 BAYVIEW DR., #908
N. MIAMI BEACH FL 33160

Mailing Address
100 BAYVIEW DR., #908
N. MIAMI BEACH FL 33160-4755

2. Principal Place of Business
8009 NW 36th ST
Suite, Apt. #, etc.
220

3. Mailing Address
8009 NW 36th ST
Suite, Apt. #, etc.
220

City & State
Miami FL

City & State
Miami FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number 65-0851925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONTRERAS, YURE
~~100 BAYVIEW DR., #908~~
~~N. MIAMI BEACH FL 33160~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
8009 NW 36th ST
City
Miami FL Zip Code
33166

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

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	DPS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONTRERAS, YURE		NAME		
STREET ADDRESS	100 BAYVIEW DR., #908		STREET ADDRESS	8009 NW 36 th ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		CITY-ST-ZIP	Miami FL 33166	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONTRERAS, MONICA		NAME		
STREET ADDRESS	100 BAYVIEW DR., #908		STREET ADDRESS	8009 NW 36 th ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		CITY-ST-ZIP	Miami FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Monica Contreras* *4/7/2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)