

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029177

1. Entity Name

POWER REALTY INVESTMENTS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90027 034 ***150.00

Principal Place of Business

23003 STATE RD. 7
BOCA RATON FL 33428

Mailing Address

23003 STATE RD. 7
BOCA RATON FL 33428-5433

2. Principal Place of Business

MITCHELL T. McRAE, P.A.
6274 LINTON BLVD., SUITE 100
DELRAY BEACH, FL 33484

3. Mailing Address

MITCHELL T. McRAE, P.A.
6274 LINTON BLVD., SUITE 100
DELRAY BEACH, FL 33484



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

65-0920703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

McRAE, ANNA M
4665 HAMMOCK CIR.
DELRAY BCH FL 33445

7. Name and Address of New Registered Agent

MITCHELL T. McRAE, P.A.
6274 LINTON BLVD. SUITE 100
DELRAY BEACH, FL 33484

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

4/5/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RYBKO, LAURENCE	
STREET ADDRESS	4665 HAMMOCK CIR.	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	RYBKO, LAURENCE	
STREET ADDRESS	4665 HAMMOCK CIR.	
CITY-ST-ZIP	DELRAY BCH FL 33445	
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		<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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurence Rybko

4/5/00

Date

561 638-5497

Daytime Phone #

CR2E034 (9/99)