

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90084 027 ***150.00

0493385

DOCUMENT # P99000052160

1. Entity Name

POWER BRAKE & EQUIPMENT, INC.

Principal Place of Business

**4100 NORTH POWERLINE ROAD
SUITE M-1
POMPANO BEACH FL 33075**

Mailing Address

**4100 NORTH POWERLINE ROAD
SUITE M-1
POMPANO BEACH FL 33075**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0937652**

Applied For

Not Applicable

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

**DOLCHIN, STEVEN B
4300 SHERIDAN STREET
THE OAKS, SUITE 202-B
HOLLYWOOD FL 33021**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	KENNEDY, ROBERT T	15500 QUEENS GRANT COURT DAVIE FL 33331	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	KENNEDY, THOMAS C	2225 N.W. 128TH AVENUE PEMBROKE PINES FL 33028	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MINTEER, MARK	18878 MARSH HAWK LANE LOXAHATCHEE FL 33470	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	KENNEDY, MICHAEL P	12822 N.W. 22ND MANOR PEMBROKE PINES FL 33028	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Michael P. Kennedy - V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3-28-01 (305) 635-1121
Date Daytime Phone #

CR2E034 (10/00)