

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000059480

1. Entity Name

POWER PARK ENTERPRISES, INC.

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

04-12-2000 90160 050 ***150.00

Principal Place of Business

2983 N. POWERLINE RD.
POMPNAO BEACH FL 33069

Mailing Address

2983 N. POWERLINE RD.
POMPNAO BEACH FL 33069-1011

2. Principal Place of Business

1072A E. NEWPORT CTR DR
Suite, Apt. #, etc.

3. Mailing Address

1072A E. NEWPORT CTR DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Bch FL

City & State

Deerfield Bch FL

4. FEI Number

65-0965472

Applied For

Not Applicable

Zip

33442

Country

US

Zip

33442

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLMAN, EDWARD R
2983 N. POWERLINE RD.
POMPNAO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
Ellman, Edward
Street Address (P.O. Box Number is Not Acceptable)

1072A E. NEWPORT CTR DR
City
Deerfield Bch FL Zip Code
33442

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

4-7-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLMAN, EDWARD R
2983 N. POWERLINE RD.
POMPNAO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Ellman, Edward
1072A E. NEWPORT CTR DR
Deerfield Bch, FL 33442 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

4-7-00 954-978-8000
Date Daytime Phone #

CR2E034 (9/99)