

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066174

1. Entity Name

COMMUNITY POWER BUILDERS AND POLITICAL CONSULTAN

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90021 046 ***550.00

Principal Place of Business

2937 S.W. 34TH AVENUE
MIAMI FL 33133

Mailing Address

2937 S.W. 34TH AVENUE
MIAMI FL 33133

2. Principal Place of Business

655 East 46 St.

3. Mailing Address

P.O. Box 140205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Coral Gables, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33013

Country

U.S.A.

Zip

33014

Country

USA

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

SECADA, IRENE J
2937 S.W. 34TH AVENUE
MIAMI FL 33133

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

Irene J. Secada

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/12/2000

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
NAME SECADA, IRENE J
STREET ADDRESS 2937 S.W. 34TH AVENUE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE PD
NAME SECADA, IRENE J
STREET ADDRESS 655 East 46 St.
CITY-ST-ZIP Hialeah, FL 33013

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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:

Irene J. Secada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2000

Date

(305) 725-6605
(305) 666-0065

Daytime Phone #

CR2E034 (5/00)