MAY- 2-00 TUE 1:00 PM

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90051 009 ***150.00

DOCUMENT # P99000098642

1. Entity Name
Power Venture Corporation

Principal Place of Business / Mailing Address
3637 S Federal Hwy 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. / City & State: Boynton Beach / Zip: 33435 / Country: PBL

3. Mailing Address: 3637 S. Federal Hwy / Suite, Apt. #, etc. / City & State / Zip: 33435 / Country: PBC

4. FEI Number — ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Filings Inc 3732 N.W. 16th Street Fort Lauderdale 33311

7. Name and Address of New Registered Agent
Name: Gerald Shwartsman
Street Address (P.O. Box Number is Not Acceptable): 3637 South Federal Hwy
City: Boynton Beach FL Zip Code: 33435

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: Gerald Shwartsman DATE: 05/02/00
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)

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President/D
NAME	Michael Shwartsman
STREET ADDRESS	3637 South Federal Hwy
CITY-ST-ZIP	Boynton Beach 33435
☐ Delete	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Shwartsman 05/02/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)