

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

04-19-2001 90326 016 ***150.00

0019857 AV

DOCUMENT # P990000099424

1. Entity Name

POWER TEMP-LEASING, INC.

Principal Place of Business

Mailing Address

**5391 WEST 20 AVE
HIALEAH FL 33016**

**5391 WEST 20 AVE
HIALEAH FL 33016**

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

65-1020703

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

SARDINAS, ALEXANDER

5391 WEST 20 AVE

HIALEAH FL 33016

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

Alexander Sardinias

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

(NOTE: Registered Agent signature required when reinstating)

7-5-01

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 12, 2001 Fee 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 **P** ☐ Delete
NAME **SARDINAS, ALEXANDER**
STREET ADDRESS **5391 WEST 20 AVE**
CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Alexander Sardinias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-01

Date

Daytime Phone #

CR2E034 (5/01)

Attachment #P99000099471
9867

This Letter is to inform you that I never Receive
a Letter From the Department of State Saying that
I had to sign on the bottom, and when I called
Someone From the Department of State they told me to
write a letter and send prove ~~of~~ that I paid in time
the First Filing --thank you very much Alex Sardinia
305-979-9874

POWER TEMP-LEASING, INC.		08049685	2085
DATE 4-11-01		0-10/01	
PAY TO THE ORDER OF Department of State		0254 00 00131500	
One hundred Fifty dollars		DOLLARS & CENTS	
ATLANTIC		Alex Sardinia	
FOR Corporation Filing		00000450007	
002085 60670118756 0600513579708			

Chk# 2085 - Date 04/23/01 - Amount \$150.00

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