

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000103548**1. Entity Name  
POWERGUARD INTERNATIONAL, INC.

## Principal Place of Business

9220 SUNSET DR. #201

MIAMI  
33173

FL

## Mailing Address

9220 SUNSET DR. #201

MIAMI  
33173

FL

## 2. Principal Place of Business

507 N. OCEAN DRIVE

Suite, Apt. #, etc.  
10DCity & State  
RIVIERA BEACH

FL

Zip  
33404

Country

## 3. Mailing Address

507 N. OCEAN DRIVE

Suite, Apt. #, etc.  
10DCity & State  
RIVIERA BEACH

FL

Zip  
33404

Country

## 4. FEI Number

65-1004513

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

BORELL ALEXANDER E  
9220 SUNSET DR. #201MIAMI  
33173

FL

## 7. Name and Address of New Registered Agent

Name

CARONIA CHARLES ANTHONY

Street Address (P.O. Box Number is Not Acceptable)  
507 N. OCEAN DRIVE

10D

City  
RIVIERA BEACH

FL

Zip Code  
33404

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 **CHARLES ANTHONY CARONIA**

03/09/2001

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

## 11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BORELL ALEX	
STREET ADDRESS	9220 SUNSET DR. #201	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WENTNICK SHARON	
STREET ADDRESS	9220 SUNSET DR. #201	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN LOUIS A	
STREET ADDRESS	3301 EMERALD POINTE DRIVE, #205-B	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARONIA CHARLES ANTHONY	
STREET ADDRESS	507 N. OCEAN DRIVE, #10D	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **CHARLES ANTHONY CARONIA**

P

03/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)