

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90016 004 ***150.00

DOCUMENT # P99000104776

1. Entity Name
POWER IN NUMBERS CORP

Principal Place of Business 5557 W. OAKLAND PARK BLVD., #328 LAUDERHILL FL 33313	Mailing Address 5557 W. OAKLAND PARK BLVD., #328 LAUDERHILL FL 33313
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U I C U U S



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1921 SW 73 RD AVE Suite, Apt. #, etc. PLANTATION FL City & State PLANTATION FL Zip 33317 Country USA	3. Mailing Address 1921 SW 73 RD AVE Suite, Apt. #, etc. City & State PLANTATION FL Zip 33317 Country USA
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4. FEI Number 65-09162953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOSOWITZ, MICHAEL
5557 W. OAKLAND PARK BLVD., #328
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent
 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 _____ (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSOWITZ, MICHAEL		NAME	
STREET ADDRESS 5557 W. OAKLAND PARK BLVD., #328		STREET ADDRESS 1921 SW 73RD AVE	
CITY-ST-ZIP LAUDERHILL FL 33313		CITY-ST-ZIP PLANTATION FL 33317	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ Date: **12 Feb 2000** Daytime Phone #: **(954) 584-9806**

CR2E034 (9/99)