

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107126

1. Entity Name

SMART POWER, INC.

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

04-18-2000 90169 020 ***150.00

Principal Place of Business

Mailing Address

~~999 PONCE DE LEON BLVD SUITE 715~~
~~CORAL GABLES FL 33134~~

~~999 PONCE DE LEON BLVD SUITE 715~~
~~CORAL GABLES FL 33134~~

C0064481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9060 NW 8 St.

3. Mailing Address

9060 NW 8 St.

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

503

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0983559

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ROBERTO B

~~999 PONCE DE LEON BLVD SUITE 715~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9060 NW 8 St. # 503

City

Miami, Florida

FL

Zip Code

33172

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

Roberto B. Gonzalez

Uyordon

April 11, 2000

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, 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

TITLE D ☐ Delete
NAME GONZALEZ, ROBERTO B
STREET ADDRESS ~~999 PONCE DE LEON BLVD SUITE 715~~
CITY-ST-ZIP ~~CORAL GABLES FL 33134~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9060 NW 8 St. # 503
CITY-ST-ZIP MIAMI, FLORIDA 33172

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

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

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TITLE ☐ Change ☐ 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:

Roberto B. Gonzalez

Date

Daytime Phone #

CR2E034 (9/99)