

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110799

1. Entity Name

POWER PURCHASING, INC.

Principal Place of Business

3246 HARRINGTON DR.  
BOCA RATON FL 33496

Mailing Address

P. O. BOX ~~276000~~ 276009  
BOCA RATON FL 33427-0036 6009

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KLEIN, MICHAEL I  
3246 HARRINGTON DR.  
BOCA RATON FL 33496

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

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	President - Director	<input type="checkbox"/> Delete
NAME	JOEL FEIGENHEIMER	
STREET ADDRESS	6986 Palmetto Circle S.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> Delete
NAME	MICHAEL I. KLEIN	
STREET ADDRESS	3246 HARRINGTON DR	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	Vice President - Director	<input type="checkbox"/> Delete
NAME	FRED M. FAVOLE	
STREET ADDRESS	153 PIERCE BUTLER DR.	
CITY-ST-ZIP	ST. SIMONS ISLAND, GA 31536	
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		<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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00

Date

Daytime Phone #

561-241-7650

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90079 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE