

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S41161

1. Entity Name

POWERLINE INVESTMENT CORP.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90056 005 ***150.00

Principal Place of Business

Mailing Address

1307 CAMPO SANO AVE
CORAL GABLES FL 33146-1165

1307 CAMPO SANO AVE
CORAL GABLES FL 33146-1165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0253364**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGARRETA, AUGUSTO

~~4524 SAN AMARO DRIVE~~

~~CORAL GABLES FL 33146~~

Name

AUGUSTO SIGARRETA

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

5109 SW 71 PLACE

City

MIAMI

FL

Zip Code

33155

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/2000

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 ☐ Delete
NAME **D VILLAR, GUILLERMO**
STREET ADDRESS ~~6200 RIVIERA DRIVE~~
CITY-ST-ZIP ~~CORAL GABLES FL~~

TITLE ☒ Change ☐ Addition
NAME **Villar, Guillermo**
STREET ADDRESS **Commercebank 12th Floor**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME **D WILSON, MILLAR**
STREET ADDRESS **1307 CAMPO SANO AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146-0165**

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

TITLE ☐ Delete
NAME **D SIGARRETA, AUGUSTO**
STREET ADDRESS ~~4524 SAN AMARO DRIVE~~
CITY-ST-ZIP ~~CORAL GABLES FL~~

TITLE ☒ Change ☐ Addition
NAME **August Sigarreta**
STREET ADDRESS **5109 SW 71 Place**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000 (305)-460-4025

Date

Daytime Phone #