

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 163504

1. Entity Name

HOME GAS CORP.

Principal Place of Business

1060 S W 27 AVE
MIAMI FL 33135

Mailing Address

1060 S W 27 AVE
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0648028

Applied For

Not Applicable

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

GOUZ, LOUIS
1060 SW 27 AVENUE
MIAMI FL 33173

Name

GOUZ, LOUIS

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

7522 WILLIS RD (SUITE 102)

City

CORAL SPRINGS

FL

Zip Code

33067

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

4-05-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOUZ, HOWARD 1060 SW 27TH AVE. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOUZ, LOUIS 1060 SW 27TH AVE. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOUZ, CHARLOTTE 1060 S.W. 27TH AVENUE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOUZ, LAURA 1060 S.W. 27TH AVE. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

Howard Gouz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-01

Date

305-643-1541

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE