2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90048 003 ***150.00

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DOCUMENT # H91248

1. Entity Name
SOUTH FLORIDA ENERGY, INC.

Principal Place of Business
MARKOWITZ FENELON & BANK
30 PARK PLACE
EAST HAMPTON NY 11937

Mailing Address
MARKOWITZ FENELON & BANK
30 PARK PLACE
EAST HAMPTON NY 11937

2. Principal Place of Business		3. Mailing Address	
Markowitz, Fenelon & Bank, LLP		Markowitz, Fenelon & Bank, LLP	
Suite, Apt. #, etc.: 300 Pantigo Place, Suite 109		Suite, Apt. #, etc.: 300 Pantigo Place, Suite 109	
City & State: East Hampton NY		City & State: East Hampton NY	
Zip: 11937	Country: USA	Zip: 11937	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0001794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FENELON, DAVID
% SHAW AERO DEVICES
12291 TOWNE LAKE DRIVE
FT. MYERS FL 33913

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	☐ Delete
NAME	VOULIERIS, MICHAEL	
STREET ADDRESS	1420 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL,QUEBEC, CAN	
TITLE	V	☐ Delete
NAME	TERYAZO, LEONTIS	
STREET ADDRESS	1420 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL,QUEBEC, CAN	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LEONTIS TERYAZOS VP   JAN. 13, 2003   (631) 324-1434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #