APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

				100		AN	ט	~	
DOCUMENT # L9700000058 1. Entity Name GASTEC ENERGY COMPANY, LC					FILED OO APR 18 AM 11: 58				
						SECRETARY TALLAHASSE	OF STATE		
Principal Place of Business Mailing Address					1	TALLAHASSE	E.FLUKIUA	•	
20217 BACKNINE DR 20217 BACKNINE DR					į				
BOCA RATON FL 33498 BOCA RATON FL 33498									
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Principal Place of Business 3. Mailing Address						 	I BONI GONI GENI GON		
Coden Ame	Cuito Ant # oto	uite, Apt. #, etc.		4	DO NOT WRITE IN	THE COACE			
Suite, Apt. #, etc. Suite, Apt. #, etc.				\mathcal{M}		MWW DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number				,	
Zip Country		Zip Count		atry	5. Certificate of Status Desired				
	6. Name and Address of Current	t Registered Agent		<u></u>		e and Address of New Regist		-	\dashv
				Name		SAME			7
LOWEY, IRVING S				Street Addres	dress (P.O. Box Number is Not Acceptable)				
20217 BACKNINE DR									\dashv
BOCA RATON FL 33498				City			Zip Coo	10	4
				City			FL Zip Cod		_
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or regis	tered agent,	or both, in the State of Florida.			
SIGNATURE .	bround for	ered				4	-14-00		
	Signature, typed or printed name of regista ed-agent	Ad title if applicable. (NOTI	E: Registere	d Agent signature requ	ired when reinstat	ing)	DATE		-
	0			FEE IS \$50.0					
		Make Check Pa	yable to	o Department	of State				1
9.	MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS/CHA	NGES	•	1_
ITTLE	MGRM	Defects	TITLI	- !			Change	Addition	66/6
NAME STREET ABORESS	LOWEY, IRVING S 20217 BACKNINE DR			EET AODRESS		•			88
CITY-ST-ZIP	BOCA RATON FL 33498		CITY	- \$T - ZIP					R2E083 (9/99)
TITLE	MGRM	☐ Ociote	TTTL	[Change	Addition	
NAME STREET ADDRESS	Stolzenberg, Philip 20217 Backnine Dr			EET ADDRESS		-9000032: -05/03/0	38159	13	الأجد
CITY-ST-ZIP	BOCA RATON FL 33498		CITY	- ST-ZIP		-U5/U3/U 		-UII (50_00-	_
TITLE NAME	,	☐ Delete	TITL	- 1	*		Change	Addition	
STREET ADDRESS			1	EET ADDRESS	~			~	
CITY- 81- ZIP			-	-8T-ZIP					4
TEFLE NAME		☐ Deleta	TITL	I			Change	Addition	
STREET ADDRESS				ET ADDRESS					İ
C. Y · 8T · ZUP				- 8 T - ZIP					-
T(T)LE" Name		Delete	TITL	i i			Change	Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			_	- ST-ZIP					-
TITLE NAME		☐ Delete	MAB				Change	Addition	
STREET ADDRESS				EET ADDRESS					
CITY-8T-ZIP		h Abra Clina dana art a cut d		- ST-ZIP	Continue 115	07(9)(i) Elosido Stotutos 14	or partification	information	-
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
	con las	THIRLE HEALIN		~		4-14-06	^		
SIGNAT	URE: SIGNATURE AND TOPED OR PR	INTED NAME OF SIGNING MANAGING	MEMBER C	OR MANAGER		Date	Daytime Phone #	· · ·	
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