

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000058

1. Entity Name
GASTEC ENERGY COMPANY, LC

Principal Place of Business Mailing Address
20217 BACKNINE DR 20217 BACKNINE DR
BOCA RATON FL 33498 BOCA RATON FL 33498



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 58-2288060 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWEY, IRVING S
20217 BACKNINE DR
BOCA RATON FL 33498

Name SAME
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 *Irving Lowey* DATE 4-14-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|-------------------------------|---------------------------------------|-------------------------|--------------------------------|
| TITLE NAME | STREET ADDRESS CITY - ST - ZIP | TITLE NAME | STREET ADDRESS CITY - ST - ZIP |
| MGRM LOWEY, IRVING S | 20217 BACKNINE DR BOCA RATON FL 33498 | | |
| MGRM STOLZENBERG, PHILIP | 20217 BACKNINE DR BOCA RATON FL 33498 | | |
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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.

SIGNATURE: *Irving Lowey* DATE 4-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)