

2001 UNIFORM BUSINESS REPORT (UBR)

0032526 SP

DOCUMENT # **L97000000058**

1. Entity Name
GASTEC ENERGY COMPANY, LC

FILED
01 JAN 19 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**20217 BACKNINE DR
BOCA RATON FL 33498**

Mailing Address
**20217 BACKNINE DR
BOCA RATON FL 33498**

2. Principal Place of Business
Boca Raton

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
FLORIDA

City & State

4. FEI Number
58-2288060

Applied For
 Not Applicable

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

Zip **33498** Country **USA**

6. Name and Address of Current Registered Agent

**LOWEY, IRVING S
20217 BACKNINE DR
BOCA RATON FL 33498**

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.

SIGNATURE *Irving S. Lowey* **IRVING S. LOWEY PRES 1-13-01**

Signature of 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	
TITLE	<input type="checkbox"/> Delete
NAME	MGRM LOWEY, IRVING S
STREET ADDRESS	20217 BACKNINE DR
CITY-ST-ZIP	BOCA RATON FL 33498
TITLE	<input type="checkbox"/> Delete
NAME	MGRM STOLZENBERG, PHILIP
STREET ADDRESS	20217 BACKNINE DR
CITY-ST-ZIP	BOCA RATON FL 33498
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900003568399--5
CITY-ST-ZIP	-01/23/01--01079--025
	100.00 *50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 S. Lowey* **IRVING S. LOWEY** **1-13-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)