

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91186 036 ***550.00

US39/20 AV

DOCUMENT # P98000001206

1. Entity Name
GASCOM, INC.

Principal Place of Business
2800 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Mailing Address
~~2800 OLD ORCHARD ROAD~~
~~DAVIE FL 33328~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 2826

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HALLANDALE, FL

4. FEI Number **65-0807134**

Applied For
 Not Applicable

Zip Country

Zip Country
33008-2826 USA

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

PALACIOS, RAUL E
~~2800 OLD ORCHARD ROAD~~
~~DAVIE FL 33328~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
2705 PARKVIEW DRIVE
 City State Zip Code
HALLANDALE FL 33009

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

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALACIOS, RAUL E <input type="checkbox"/> Delete 2800 OLD ORCHARD ROAD DAVIE FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALACIOS, ELSA M <input type="checkbox"/> Delete 2800 OLD ORCHARD ROAD DAVIE FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALACIOS, RAUL E II <input type="checkbox"/> Delete 202 W FOREST OATZ CIRCLE DAVIE FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALACIOS, RICHARD E <input type="checkbox"/> Delete 348 E GARDEN COVE CIRCLE DAVIE FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Raul E. Palacios* **Raul E. Palacios** *5/30/02* *954-609-4859*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)