

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000016207**

1. Entity Name  
**GASTEC INC**

Principal Place of Business 19470 N.W. 8 ST.  PEMBROKE PINES FL 33029	Mailing Address 19470 N.W. 8 ST.  PEMBROKE PINES FL 33029
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2. Principal Place of Business 1526 TAMARIND COURT	3. Mailing Address 1526 TAMARIND COURT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WESTON FL	City & State WESTON FL
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4. FEI Number <b>65-0821633</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

DO NOT WRITE IN THIS SPACE

Zip 33327	Country US	Zip 33327	Country US
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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**

CRUZ CLEMENTE E  
 19470 N.W. 8 ST.  
 PEMBROKE PINES FL 33029

Name CRUZ CLEMENTE E
Street Address (P.O. Box Number is Not Acceptable) 1526 TAMARIND COURT
City WESTON FL Zip Code 33327

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 \_\_\_\_\_ DATE **04/27/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ CLEMENTE E			NAME	CRUZ CLEMENTE E		
STREET ADDRESS	19470 N.W. 8 ST.			STREET ADDRESS	1526 TAMARIND COURT		
CITY-ST-ZIP	PEMBROKE PINES FL 33029			CITY-ST-ZIP	WESTON FL 33327		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: CLEMENTE E CRUZ

DP 04/27/2000