

**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  
33029

FL

**Mailing Address**

19470 N.W. 8 ST.

PEMBROKE PINES  
33029

FL

**2. Principal Place of Business**

1526 TAMARIND COURT

**3. Mailing Address**

1526 TAMARIND COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

WESTON

FL

**City & State**

WESTON

FL

**4. FEI Number**

65-0821633

Applied For

Not Applicable

**Zip**  
33327

Country

**Zip**  
33327

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**CRUZ CLEMENTE E  
19470 N.W. 8 ST.PEMBROKE PINES  
33029

FL

US

**7. Name and Address of New Registered Agent****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**

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

(NOTE: Registered Agent signature required when reinstating)

**04/27/2000**

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, 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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	CRUZ CLEMENTE E	
STREET ADDRESS	19470 N.W. 8 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

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
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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	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUZ CLEMENTE E		
STREET ADDRESS	1526 TAMARIND COURT		
CITY-ST-ZIP	WESTON FL 33327		

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		

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		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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