2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000094153** Apr 25, 2000 8:00 am Secretary of State F.S. GAS SUBSIDIARY, INC. 04-25-2000 90011 034 ***150.00 Principal Place of Business Mailing Address 5800 NW 74 AVENUE 5800 NW 74 AVENUE MIAMI FL 33166-3740 MIAM! FL 33166 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number - 09 5 996 1 Applied For City & State City & State Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jose P. Bared BARRON, ROBERT W Street Address (P.O. Box Number is Not Acceptable) NW 5800 **BERGER DAVIS & SINGERMAN** 350 E LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE FL 33301 City MIAMI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nan red agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President & Director Change ☐ Addition ☐ Delete TITLE TITLE NAME BARED, JOSE P NAME STREET ADDRESS STREET ADDRESS **5800 NW 74 AVENUE** CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** Addition Vice-President/Treasurer/Secretary ☐ Change TITLE TITLE Detete Bared, Carlos E. NAME NAME 5800 NW 74th Ave. STREET ADDRESS STREET ADDRESS Miami, FL 33166 CITY-ST-ZIP CITY-ST-7IP ☐ Change **Addition** Delete TITLE TITLE Vice-President NAME NAME Bared, Maurice E. STREET ADDRESS STREET ADDRESS 5800 NW 74th Ave. CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33166 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trusted 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 AND TY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR