

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731006

1. Entity Name

INTERNATIONAL ASSOCIATION FOR HYDROGEN ENERGY, I

Principal Place of Business

4910 BILTMORE DR.
CORAL GABLES FL 33146

Mailing Address

4910 BILTMORE DR.
CORAL GABLES FL 33146-1724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0189699

Applied For

Not Applicable

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

VEZIROGLU, T. NEJAT
4910 BILTMORE DR.
CORAL GABLES FL 33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ABDEL-AAL, H. K.
STREET ADDRESS COLLEGE OF PETROLEUM AND MINERALI
CITY-ST-ZIP DHAHRAN, SAUDI ARABIA

TITLE O ☐ Change ☒ Addition
NAME Dr. TOKIO Ohta
STREET ADDRESS 4-18-15 IMAHARUgaki
CITY-ST-ZIP KAMAKURA 2480024 Japan

TITLE S ☒ Delete
NAME ESCHER, WILLIAM D
STREET ADDRESS 5800 COTTAGE GROVE RD.
CITY-ST-ZIP MADISON WI 53716

TITLE D ☐ Change ☒ Addition
NAME DR. DAVID SCOTT
STREET ADDRESS POB 3055 JEN CSC
CITY-ST-ZIP VICTORIA BC V8W 2G6 CANADA

TITLE P ☐ Delete
NAME VEZIROGLU, T NEJAT
STREET ADDRESS 4910 BILTMORE DR.
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Change ☒ Addition
NAME DR. CARL-Jochen Winter
STREET ADDRESS Obere Str. Leonhardstr. 9
CITY-ST-ZIP D-58662 UBRILINSEN Germany

TITLE T ☒ Delete
NAME VEZIROGLU, BENGI
STREET ADDRESS 4910 BILTMORE DR.
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☒ Change ☐ Addition
NAME ABDEL-AAL H.K.
STREET ADDRESS 18 Jeddah St.
CITY-ST-ZIP DOKKI, CAIRO Egypt

TITLE D ☒ Delete
NAME MARCHETTI, CESARE
STREET ADDRESS INT'L INSTITUTE FOR APPLIED SYSTEMS ANAL.
CITY-ST-ZIP SCHLOSS LAXENBURG AUSTRIA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MARTINEZ, ANIBAL R
STREET ADDRESS NATIONAL RESEARCH COUNCIL
CITY-ST-ZIP CARACAS VE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Sign & Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

305-284-4666

Date

Daytime Phone #

CR2E037 (9/99)