2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # 459009 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** UNIVERSAL GAS CORP. 01-19-2000 90313 021 ***150.00 Principal Place of Business Mailing Address 2850 SW 71ST AVE. 2850 SW 71ST AVE. MIAMI FL 33155-2803 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1555651 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, NATALIO Street Address (P.O. Box Number is Not Acceptable) 2850 SW 71 AVE. MIAMI FLORIDA 33155 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE FERNANDEZ, NATALIO NAME NAME STREET ADDRESS STREET ADDRESS 2850 S W 71ST AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Addition ☐ Change TITLE □ Delete ALDERS, FREDERICK A NAME STREET ADDRESS 2850 S W 71ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 Addition ☐ Change Delete TITLE TOTALE T NAME PAVE, STEVE NAME STREET ADDRESS STREET ADDRESS 2850 S W 71ST AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change ☐ Addition TITLE Delete TITLE LEE, RICHARD P NAME NAME 2850 S W 71ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change Addition ☐ Delete TITLE T/T/E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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