

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50991

1. Entity Name

**GAZOLIO INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -1 PM 3:05

Principal Place of Business

Mailing Address

1040 S. FEDERAL HWY.  
DANIA FL 33004

1040 S. FEDERAL HWY.  
DANIA FL 33004

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 **59-2134286**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLARENTZOS, JOHN**  
942 N. LAKE DR.  
HOLLYWOOD FL

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

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, 2001 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: PD  
NAME: GLARENTZOS, JOHN  Delete  
STREET ADDRESS: 932 N. LAKE DR.  
CITY-ST-ZIP: HOLLYWOOD FL

TITLE: STD  
NAME: GLARENTZOS, STAMA TIKE  Delete  
STREET ADDRESS: 932 N. LAKE DR.  
CITY-ST-ZIP: HOLLYWOOD FL

TITLE: D  
NAME: GLARENTZOS, JANE  Delete  
STREET ADDRESS: 932 N. LAKE DR.  
CITY-ST-ZIP: HOLLYWOOD FL

TITLE: D  
NAME: JACOBS, JOSEPH M  Delete  
STREET ADDRESS: 274 SLEEPY HOLLOW RD.  
CITY-ST-ZIP: PITTSBURGH PA 15225

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME: **200004623432**  
STREET ADDRESS: **-10/04/01--01053--016**  
CITY-ST-ZIP: **\*\*\*408.75 \*\*\*408.75**

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

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

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

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

TITLE:  Change  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:

*John Glarentzos*

6-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)