

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90655 040 \*\*\*158.75

**DOCUMENT # M73717**

1. Entity Name  
**ARTHUR GODFREY ROAD GAS, INC.**

Principal Place of Business  
**508 ARTHUR GODFREY RD.  
 MIAMI BEACH FL 33140**

Mailing Address  
**508 ARTHUR GODFREY RD.  
 MIAMI BEACH FL 33140**

**00029111**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**c/o IVAN A. GOMEZ, P.A.  
 601 BRICKELL KEY DRIVE,  
 STE 507, MIAMI, FL 33131**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0037686**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FERDIE, AINSLEE R.  
 717 PONCE DE LEON BLVD.  
 SUITE 215  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
**IAG CORPORATE SERVICES, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**601 BRICKELL KEY DRIVE, STE 507**  
 City **MIAMI** FL **33131**

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.  
**IAG CORPORATE SERVICES, INC.**  
 SIGNATURE *[Signature]* **IVAN A. GOMEZ, PRES.** (NOTE: Registered Agent signature required when reinstating)  
 DATE **3/19/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTELLON, OSCAR 508 ARTHUR GODFREY RD. MIAMI BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **ASCA B. CASTELLON, PRES.** **3/19/01** **305-5386419**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**305-3719213**

CR2E034 (10/00)