

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

04-11-2000 90054 050 ****70.00

DOCUMENT # N44492
 1. Entity Name
GAS INSTITUTE OF SOUTH FLORIDA, INC.

Principal Place of Business 1563 S W HARBOUR ISLE CIRCLE PORT ST LUCIE FL 34986 US	Mailing Address 1563 S W HARBOUR ISLE CIRCLE PT ST LUCIE FL 34986-3403 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Gas Institute of South Florida P.O. Box 650877 Miami FL 33265-0877	3. Mailing Address Gas Institute of South Florida P.O. Box 650877 Miami FL 33265-0877
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4. FEI Number 59-1147746	Applied For Not Applicable
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Zip USA	Country USA	Zip USA	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
AUTORINO, ANTHONY
1563 SW HARBOUR ISLE CIR
PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent
 Name
ELDA MOYER
 Street Address (P.O. Box Number is Not Acceptable)
1491 NE 130TH ST
 City
N. MIAMI **FL** Zip Code
33161

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 \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWING, D <input type="checkbox"/> Delete 937 KROME AVENUE HOMESTEAD FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAU, D <input checked="" type="checkbox"/> Delete 5201 N W 9TH AVENUE FT LAUDERDALE FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED AUTORINO, A <input checked="" type="checkbox"/> Delete 1563 S W HARBOUR ISLE CIR PT ST LUCIE FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Director <input type="checkbox"/> Change <input type="checkbox"/> Addition (SAME)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MOYER, ELDA 1491 NE 130 ST N MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IZAGUIRRE, JOSE 6271 SW 39 Terr. MIAMI FL 33155
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DATE REQUIRED** **3/29/00** **305-267-3427**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)