

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-14-2001 90470 010 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

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
XXXXXX
US

Mailing Address

1563 S W HARBOUR ISLE CIRCLE
PORT ST LUCIE FL 34986
XXXXXX
US

2. Principal Place of Business

3. Mailing Address

P.O BOX 650877

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-1147746

Applied For

Not Applicable

Zip

Country

DADE

Zip

33265-0877

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

NORTH 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 ELDA MOYER

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWING, D 937 KROME AVENUE HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAU, D 5201 N W 9TH AVENUE FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED AUTORINO, A 1563 S W HARBOUR ISLE CIR PT ST LUCIE FL 34986	<input checked="" 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
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	PD MOYER, ELDA 1491 NE 130TH ST NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IZAGUIRRE, JOSE 6271 SW 39TH TERR MIAMI FLORIDA 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER DAVANT, STUART 6001 NW 74 AVE MIAMI FL 33166	<input type="checkbox"/> Change <input checked="" 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
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: ELDA MOYER REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)