

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90151 040 \*\*\*\*70.00

DOCUMENT # **N44492**

1. Entity Name  
**GAS Institute of South Florida**

**DO NOT WRITE IN THIS SPACE**

**642210**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 650877**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI FLORIDA**

4. FEI Number  
**59-1147746**

Applied For  
Not Applicable

Zip

Country

Zip  
**33265-0877**

Country  
**DADE**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current 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

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

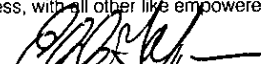
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>ELDA MOYER</b> (D) <b>1491 NE 130 ST.</b> <b>MIAMI FL 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <b>JOSE IZQUIRRE</b> (D) <b>6271 SW 39 TERR</b> <b>MIAMI FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treasurer <b>STUART DAYANT</b> (D) <b>6001 NW 74 Ave</b> <b>MIAMI FL 33166</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

CR2E037B (12/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N44492

1. Entity Name

**GAS INSTITUTE OF SOUTH FLORIDA, INC.**

*Attachment  
DOC#N44492/642210*

0083941

Principal Place of Business

Mailing Address

~~1563 S W HARBOUR ISLE CIRCLE  
PORT ST LUCIE FL 34886  
US~~

~~1563 S W HARBOUR ISLE CIRCLE  
PORT ST LUCIE FL 34886  
US~~

2. Principal Place of Business

3. Mailing Address

P.O. BOX 650877

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-1147746

Applied For

Not Applicable

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 34886~~

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	<input checked="" type="checkbox"/> Delete
PD	BROWING, D	937 KROME AVENUE	HOMESTEAD FL 33030	<input checked="" type="checkbox"/>
VD	BLAU, D	5201 N W 9TH AVENUE	FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/>
ED	AUTORINO, A	1563 S W HARBOUR ISLE CIR	PT ST LUCIE FL 34886	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MOYER, ELDA	1491 NE 130TH ST	NORTH MIAMI FL 33161	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	IZAGUIRRE, JOSE	6271 SW 39TH TERR	MIAMI FLORIDA 33155	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SEC/TREASURER	DAVANT, STUART	6001 NW 74 AVE	MIAMI FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2007 (10/00)

Attachment

DOC# N44492/042210

**Gas Institute of South Florida**

**P.O. Box 650877**

**Miami, FL 33265-0877**

**Tel: 305-257-3427**

**Fax: 305-554-0470**

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April 15, 2002

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

The Gas Insistitute of South Florida document # N44492 and the FEI number is 59-1147746.  
We had to request a form this year since we did not receive our form with the information pre-printed as in previous years. I am enclosing last year's copy for your reference.

If you have any questions please contact us at the above numbers.

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Thank you,



Celia Capote  
Administrative Assistant