

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90106 004 ***158.75

DOCUMENT # P00000025776

1. Entity Name

EXTINTORES ALFA GASEX USA INC.

Principal Place of Business

**1137 CREEK AVE., STE. 1
ORLANDO FL 32825**

Mailing Address

**11301 E. COLONIA DRIVE
ORLANDO FL 32817**

2. Principal Place of Business

1137 CREEK AVE., STE 1

Suite, Apt. #, etc.

Suite 1

City & State

ORLANDO FL

Zip

32825

Country

USA

3. Mailing Address

1137 CREEK Avenue

Suite, Apt. #, etc.

Suite 1

City & State

ORLANDO FL

Zip

32825

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2567087

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MARIN, MARIO
11301 E. COLINIA DR.
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name

MARIO MARIN

Street Address (P.O. Box Number is Not Acceptable)

1137 CREEK AVE**Suite 1**

City

ORLANDO**FL**

Zip Code

32825

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARIN, MARIO	
STREET ADDRESS	1137 CREEK AVE. N.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	TABARES, MARTHA L	
STREET ADDRESS	1137 CREEK AVE. N.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARIN, JUAN P	
STREET ADDRESS	1137 CREEK AVE. N.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARIN, LUDWIG	
STREET ADDRESS	1137 CREEK AVE. N.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	AP	<input type="checkbox"/> Delete
NAME	RIVERA, SHIRLEY	
STREET ADDRESS	1137 CREEK AVE. N.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO MARIN	
STREET ADDRESS	1137 CREEK AVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/02

Date

407-4825945

Daytime Phone #

CR2E034 (9/01)