

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90252 011 ***158.75

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DOCUMENT # P00000025776

1. Entity Name

EXTINTORES ALFA GASEX USA INC.



Principal Place of Business

1137 CREEK AVE., STE. 1
ORLANDO FL 32825

Mailing Address

1137 CREEK AVE., STE. 1
ORLANDO FL 32825

2. Principal Place of Business

1137 CREEK AVE. S.

3. Mailing Address

5740 OLEANDER DR.

Suite, Apt. #, etc.

Suite No. 1

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO

Zip

32825

Country

USA

Zip

32807

Country

USA

☐ CHECK HERE IF MAKING CHANGES

69-3663083

4. FEI Number

58-2567087

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIN, MARIO

1137 CREEK AVE. STE. 1

ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent. **ATTACH IRS EIN 759-3663083. NEW.**

SIGNATURE

Jesus Marin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MARIN, MARIO**
STREET ADDRESS **1137 CREEK AVE.**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **S** ☐ Delete
NAME **TABARES, MARTHA L**
STREET ADDRESS **1137 CREEK AVE. N.**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VP** ☐ Delete
NAME **MARIN, JUAN P**
STREET ADDRESS **1137 CREEK AVE. N.**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VP** ☐ Delete
NAME **MARIN, LUDWIG**
STREET ADDRESS **1137 CREEK AVE. N.**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **AP** ☐ Delete
NAME **RIVERA, SHIRLEY**
STREET ADDRESS **1137 CREEK AVE. N.**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03

Date

407-4825945

Daytime Phone #

CR2E034 (10/02)