

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90055 021 ***150.00

0285429 AV

DOCUMENT # P00000051324

1. Entity Name
PUMP'N GAS, INC.

Principal Place of Business
1500 NE MIAMI GARDENS DRIVE
MIAMI FL 33179

Mailing Address
1500 NE MIAMI GARDENS DRIVE
MIAMI FL 33179



2. Principal Place of Business

3. Mailing Address

6080 West 6th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, FLA. 33012

4. FEI Number **65-1010917**

Applied For
Not Applicable

Zip

Country

Zip

Country

33012

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHIERICO, PAULA A	
STREET ADDRESS	13250 ARCH CREEK TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOYA, HECTOR A	
STREET ADDRESS	13250 ARCH CREEK TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOYA, DIANE N	
STREET ADDRESS	13250 ARCH CREEK TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, HECTOR A.	
STREET ADDRESS	6080 West 6th Ave	
CITY-ST-ZIP	HIALEAH, FLA. 33012	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, Diane N.	
STREET ADDRESS	6080 West 6th Ave	
CITY-ST-ZIP	HIALEAH, FLA. 33012	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02(305)822-9693
Date Daytime Phone #

CR2E034 (9/01)