

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90077 001 ***150.00

0396311 AV

DOCUMENT # P00000113352

1. Entity Name

ALL FLORIDA GAS ENERGY, INC.

Principal Place of Business

**11 PLANTATION BLVD.
LAKE WORTH FL 33467**

Mailing Address

**11 PLANTATION BLVD.
LAKE WORTH FL 33467**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1760 N.W. 83 TERRACE

3. Mailing Address

1760 N.W. 83RD TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FLORIDA

City & State

PEMBROKE PINES FLORIDA

Zip

Country

33024 BROWARD

Zip

Country

33024 BROWARD

4. FEI Number

65-1073839

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAGION, RON
11 PLANTATION BLVD.
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name **JOSEPH DiGIOVANNI**

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

1760 N.W. 83RD TERRACE

City

PEMBROKE PINES

FL

Zip Code

33024

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)

4-16-02

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 **PSD** ☒ Delete
NAME **RAGION, RON**
STREET ADDRESS **11 PLANTATION BLVD.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **VPTD** ☐ Delete
NAME **DI GIOVANNI, JOSEPH**
STREET ADDRESS **1760 NW 83RD TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD, VPTD** ☒ Change ☐ Addition
NAME **JOSEPH DiGIOVANNI**
STREET ADDRESS **1760 N.W. 83RD TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

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

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

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

TITLE ☐ Change ☐ 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 change like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

954-325-2572

Daytime Phone #

CR2E034 (9/01)