

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91158 024 ***150.00

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DOCUMENT # P01000037721

1. Entity Name

KRYOGENIGAS, INC.



Principal Place of Business

6900 NW 51 STREET
MIAMI FL 33166

Mailing Address

6900 NW 51 STREET
MIAMI FL 33166

2. Principal Place of Business

310 NW 24 ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 075

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

KEY BISCAYNE FL

Zip

33127

Country

USA

Zip

33149

Country

USA

4. FEI Number

02-0605142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VALDES-HURTADO, JOSE FINA
600 GRAPETREE DR. #5-D5
SUITE 601
MIAMI FL 33132

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.

SIGNATURE

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 D ☐ Delete
NAME VALDES-HURTAO, RAUL
STREET ADDRESS 600 GRAPETREE DR. #5-DS
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ Delete
NAME VALDES-HURTAO, JOSEFINA
STREET ADDRESS 600 GRAPETREE DR. #5-DS
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ Delete
NAME DEAN, ROBERT
STREET ADDRESS 50 OCEAN LANE #205
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ Delete
NAME LEAMAN, REBECA
STREET ADDRESS 50 OCEAN LANE #205
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ Delete
NAME GONZALEZ, ALEJANDRO J
STREET ADDRESS 101 COLLINS AVENUE #21
CITY-ST-ZIP MIAMI BEACH FL 33130

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jose Valdes-Hurtado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

305-860-8000

Date

Daytime Phone #

CR2E034 (10/02)