

2002 UNIFORM BUSINESS REPORT (UBR)

0085361 AV

DOCUMENT # P01000065848

1. Entity Name
ENERFUEL, INC.

Principal Place of Business
550 CYPRESS CREEK ROAD SUITE 120
FT LAUDERDALE FL 33309

Mailing Address
550 CYPRESS CREEK ROAD SUITE 120
FT LAUDERDALE FL 33309

FILED
02 DEC 12 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
550 W. Cypress Creek Rd
Suite, Apt. etc.
120
City & State
FT. Lauderdale, FL
Zip
33309
Country
USA

3. Mailing Address
550 W. Cypress Creek Rd
Suite, Apt. etc.
120
City & State
FT. Lauderdale, FL
Zip
33309
Country
USA

4. FEI Number
65-1121618
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Mike Zoi
Street Address (P.O. Box Number is Not Acceptable)
550 W. Cypress Creek
Suite #120
City
FT. Lauderdale FL Zip Code
33309

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 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Mike Zoi	
CITY-ST-ZIP	550 W. Cypress Creek Rd Suite 120	
	FT. Lauderdale, FL 33309	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE 10/01/02

CR2E034 (4/02)