

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-28-2003 90149 044 ***150.00
P01000093748

DOCUMENT # P01000093748

Entity Name
INDUSTRIAL GASES & CHEMICALS, INC.



03 AUG -4 AM 11:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Principal Place of Business
8 NE 7TH STREET
MIAMI, FL 33132

2. Mailing Address
58 NE 7TH STREET
MIAMI, FL 33132

3. Principal Place of Business
7520 NE 4th Ct

4. Mailing Address
7520 NE 4th Ct

Suite, Apt. #, etc.

5. City & State
MIAMI FL

6. City & State
MIAMI FL

7. Zip
33138

8. Country

9. FEI Number
85-1140001

10. Applied For
Not Applicable

11. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

12. Name and Address of Current Registered Agent
BLUMENSTINE, MARC L
58 NE 7TH STREET
MIAMI, FL 33132

13. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 addressing

DATE

14. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BLUMENSTINE, MARC L	
STREET ADDRESS	58 NE 7TH STREET	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LAGMAN, TAMMY	
STREET ADDRESS	3801 FARRAGUT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Blumenstine	
STREET ADDRESS	7520 NE 4th Ct	
CITY-ST-ZIP	MIAMI FL 33138	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 appropriate, with all other like emendations.

SIGNATURE:

Marc Blumenstine
N. BLUMENSTINE 7/20/03 305-759-9091

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

CR2034 (10/02)

2.814