

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

FILED

02 FEB 21 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099028
1. Entity Name
GASCON ENTERPRISES #1, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
336 N.W. 16 Street
Suite, Apt. #, etc.

3. Mailing Address
336 N.W. 16 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Belle Glades, FL

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Belle Glades, FL

4. FEI Number
65-1150392

Applied For
Not Applicable

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

Zip 33430 Country USA Zip 33430 Country USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Blas Elias

Street Address (P.O. Box Number is Not Acceptable)
336 N.W. 16 Street

City Belle Glades FL Zip Code 33430

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.

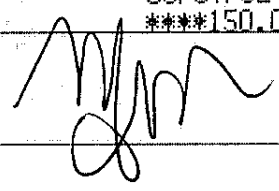
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	Pres., Vice-Pres., Sec'y, Treas., Dir Elias, Blas 8500 S.W. 86 Court Miami, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005065152--8 -03/07/02--01073--006 ****150.00 ****150.00
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Blas Elias, President (305) 442-9766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)