

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **701000108469**

1. Entity Name **CON GAS TRUCKING, INC**



FILED

04 NOV 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7010 NW 186 ST

Suite, Apt. #, etc.

202

City & State

MIAMI, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Zip

33015

Country

USA

Zip

Country

4. FEI Number

65-1152840

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SANTANA MIGUEL

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

7010 NW 186 ST #202

City

MIAMI

FL

Zip Code

33015

**DO NOT WRITE
IN THIS SPACE**

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]

11/01/04

Signature typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when filing.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
SANTANA MIGUEL DELETED
7010 NW 186 ST #202
MIAMI FL 33015

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SANTANA MIGUEL ADDED
7010 NW 186 ST #202
MIAMI FL 33015

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

400042785744
11/16/04--01053--011 **158.75

[Signature] **11/23**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

11/01/04 305-797-0748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)

November 1, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

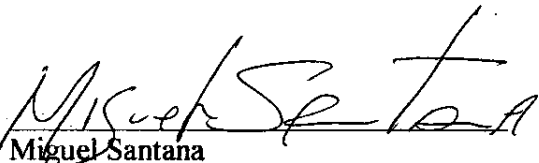
Re: Uniform Business Report
Congas Trucking, Inc
P01000108469

Dear Sirs:

Attached please find Business Report for above mention Corporation and check in the amount of \$ 158.75

We did not receive the 2004 Business report in time to file. Please accept the attached check in the amount of \$ 158.75 for 2004 Uniform Business Report and certificate of Status.

If further information is needed please contact me.



Miguel Santana
President
7010 NW 186 Street # 202
Miami, FL 33015