

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P950000.61612
 1. Entity Name JOY & LAUTANA Gas & Oil, Inc

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90075 027 ***150.00

Principal Place of Business Mailing Address same
5980 Joy Road
LAKE WORTH, FL, 33464

C0088145

2. Principal Place of Business 5980 Joy Road
 Suite, Apt. #, etc. Lake Worth, FL
 City & State

3. Mailing Address same
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

Zip 33464 Country W. Palm Beach
 Zip Country

4. FEI Number 65-0613540
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bendoin Ester
1231 W. Copans Road
Pompano Beach, FL, 33486

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.

SIGNATURE Bendoin DATE 04/20/2000
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES. ☐ Delete
 NAME BENDOIM ESTER
 STREET ADDRESS 1231 W. COPANS ROAD
 CITY-ST-ZIP POMPAHO BEACH FL 33064

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Secretary ☐ Delete
 NAME KALICHMAN NATHAN
 STREET ADDRESS 1231 W. COPANS ROAD
 CITY-ST-ZIP POMPAHO BEACH FL 33064

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Bendoin (BENDOIM) DATE 04/20/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #