FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P96000014665*

1. Entity Name

FLORIDA ENERGY AND GAS INC.

DO NOT WRITE IN THIS SPACE

11013890

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7460 NW 127 TER

Suite, Apt. #, etc.

3. Mailing Address
7460 NW 127 TER

Suite, Apt. #, etc.

PARKLAND FL
33076   Cou *USA*

PARKLAND FL
33076   County *USA*

4. FEI Number *05-0647824*

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *DUBROW DUKAR*

Street Address (P.O. Box Number is Not Acceptable)
2830 UNIVERSITY DR

City *CORAL SPRINGS*   FL   Zip Code *33065*

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, typed or printed, name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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	*PRES*	TITLE	
NAME	*BARRY WIENER*	NAME	
STREET ADDRESS	*7460 NW 127 TER*	STREET ADDRESS	
CITY-ST-ZIP	*PARKLAND FL 33076*	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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: _____   *4/22/03*   *561-756-344*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #