

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091972

1. Entity Name

SIEGEL NATURAL GAS CORP.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90055 038 \*\*\*150.00

Principal Place of Business

Mailing Address

7400 NORTHWEST 30TH AVENUE  
MIAMI FL 33147

POST OFFICE BOX 524228  
MIAMI FL 33152-4228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0714472

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

PARKER, TOM  
100 SE 2ND ST. 17TH FLOOR  
SUITE 400  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | NAME           | STREET ADDRESS   | CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------|------------------|-----------------|---------------------------------|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| PD    | SIEGEL, KENAN  | 510 NE 56ST ST   | MIAMI FL 33137  | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| ST    | SIEGEL, ROBERT | 7400 NW 30TH AVE | MIAMI FL 33147  | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                |                  |                 | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                |                  |                 | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                |                  |                 | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                |                  |                 | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                |                  |                 | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)