

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096885

1. Entity Name
NEW WORLD GAS INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90338 012 ***150.00

Principal Place of Business

Mailing Address

901 HYPOLUXO ROAD
LANTANA FL 33462

901 HYPOLUXO ROAD
LANTANA FL 33462

0025089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

901 HYPOLUXO RD

901 HYPOLUXO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana FL

City & State

Lantana FL

4. FEI Number 65-0711001

Applied For

Not Applicable

Zip

33462

Country

U.S.A.

Zip

33462

Country

U.S.A.

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

KWON, CHRISTINE K
4929 121ST TER. N.
ROYAL PALM BEACH FL 33411

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, 2001 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 P
NAME KWON, YOUNG CHAN
STREET ADDRESS 4929 121ST TER. N.
CITY-ST-ZIP ROYAL PALM BEACH FL ☐ Delete

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

TITLE VP
NAME KWON, CHRISTINE K
STREET ADDRESS 4929 121ST TER. N.
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

2-21-01

Date

561-533-3971

Daytime Phone #

CR2E034 (10/00)