

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90609 007 ***150.00

DOCUMENT # P96000096885

1. Entity Name
NEW WORLD GAS INC.



Principal Place of Business
901 HYPOLUXO RD
LANTANA FL 33462

Mailing Address
901 HYPOLUXO RD
LANTANA FL 33462

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 **65-0711001**

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

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

Name
KWON, YOUNG CHAN
Street Address (P.O. Box Number Is Not Acceptable)

3670 MAX PLACE #103
BOYNTON BEACH FL 33436

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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/03
Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **KWON, YOUNG CHAN** ☐ Change ☐ Addition
NAME
STREET ADDRESS **3670 MAX PLACE #103**
CITY-ST-ZIP **BOYNTON BEACH 33436**

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

TITLE **KWON, YOUNG CHAN** ☐ Change ☐ Addition
NAME
STREET ADDRESS **3670 MAX PLACE #103**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 **561-533-3971**
Date Daytime Phone #

CR2E034 (10/02)