

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90350 001 ***600.00

12707

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000080299

1. Entity Name
 Sungas Services Company

Principal Place of Business
 2950 N.W. 24th St
 Miami, FL 33142

Mailing Address
 2950 N.W. 24th St
 Miami, FL 33142

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number
 65-0864775

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

Marmish, Paul, M. Esq.
 3390 Kapot Terrace
 Mirmar, FL

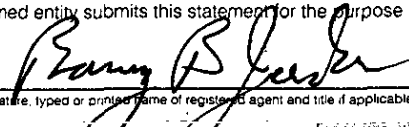
7. Name and Address of New Registered Agent

Name
 Jordan, Barry, B.

Street Address (P.O. Box Number is Not Acceptable)
 2950 N.W. 24th Street

City **FL** **Zip Code**
 Miami, FL 33142

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  **DATE** 4/24/00

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)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

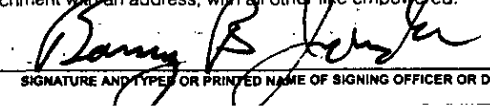
11. OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	TITLE D	NAME Jordan, Barry, B.
	STREET ADDRESS 2950 N.W. 24th Street	
	CITY-ST-ZIP Miami, FL 33142	
<input type="checkbox"/> Delete	TITLE S/T	NAME Kathy Jordan
	STREET ADDRESS 2950 N.W. 24th Street	
	CITY-ST-ZIP Miami, FL 33142	
<input type="checkbox"/> Delete	TITLE	NAME
	STREET ADDRESS	
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<input type="checkbox"/> Delete	TITLE	NAME
	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Delete	TITLE	NAME
	STREET ADDRESS	
	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME
	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME
	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME
	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME
	STREET ADDRESS	
	CITY-ST-ZIP	

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:  **DATE** 4/23/00 **Daytime Phone #** 305-635-8682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)