

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000045761**1. Entity Name
CORTEZ GAS, INC.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90019 007 ***150.00

Principal Place of Business
1301 BEVILLE ROAD UNIT 19
DAYTONA FL 32119Mailing Address
1301 BEVILLE ROAD UNIT 19
DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1301 Beville Road
Suite, Apt. #, etc. **Unit 7**3. Mailing Address
1301 Beville Road
Suite, Apt. #, etc. **Unit 7**City & State
Daytona FL
Zip **32119** Country **U.S.A.**City & State
Daytona FL
Zip **32119** Country **USA**4. FEI Number **59-3580760**
Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
1301 BEVILLE ROAD UNIT 19
DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name **Amendolagine, Marilyn**
Street Address (P.O. Box Number is Not Acceptable) **1301 Beville Road Unit 7**
City **Daytona** State **FL** Zip **32119**

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 State10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	AMENDOLAGINE, MICHAEL	1301 BEVILLE RD #19	DAYTONA BEACH FL 32119	<input type="checkbox"/>
VD	AMENDOLAGINE, MARILYN	1301 BEVILLE RD #19	DAYTONA BEACH FL 32119	<input type="checkbox"/>
STD	OWJI, KHOSROV	1766 SENECA BLVD	WINTER SPRINGS FL 32708	<input type="checkbox"/>
VD	OWJI, CAROLYN	1766 SENECA BLVD	WINTER SPRINGS FL 32708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: **Marilyn Amendolagine**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/01 904-322-0673

CP2E034 (10/00)