

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088601

1. Entity Name

MASGAS INTERNATIONAL CORPORATION

Principal Place of Business

901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134

2. Principal Place of Business

5731 SW 137th Avenue

3. Mailing Address

5731 SW 137th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0951481 APPLIED FOR

Applied For

Not Applicable

Zip
33183

Country

Zip
33183

Country

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

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134

Name William Velez

Street Address (P.O. Box Number is Not Acceptable)
5731 SW 137th Avenue

City Miami

FL

Zip Code 33183

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 D ☐ Delete
NAME VELEZ, WILLIAM
STREET ADDRESS 901 PONCE DE LEON BLVD. SUITE 601
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ Change ☐ Addition
NAME William Velez
STREET ADDRESS 5731 SW 137th Avenue
CITY-ST-ZIP Miami, Florida 33183

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90273 019 ***150.00

818632



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)