

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90031 017 ***158.75

DOCUMENT # P99000094137

1. Entity Name
F.S. NON-GAS SUBSIDIARY, INC.

Principal Place of Business

**5800 N.W. 74 AVENUE
 MIAMI FL 33166**

Mailing Address

**5800 N.W. 74 AVENUE
 MIAMI FL 33166**

2. Principal Place of Business

7000 Northwest 52nd Street

3. Mailing Address

7000 Northwest 52nd Street

Suite, Apt. #, etc.

Second Floor

Suite, Apt. #, etc.

Second Floor

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0957435

Applied For

Not Applicable

Zip

33166

Country **USA**

Zip

33166

Country

Miami - Dade

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARED, JOSE P
 5800 NW 74 AVE
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

JUAN DIAZ, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

7000 NW 52nd Street, 2nd Floor

City

Miami

FL

Zip Code
33166

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.

Juan Diaz, Esq.

(NOTE: Registered Agent Signature required when reinstating)

April 30, 2002

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BARED, JOSE P 5800 N.W. 74 AVENUE MIAMI FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CANO, JORGE 5800 NW 74 AVE MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACDONALD, JOHN 5800 NW 74 AVE MIAMI FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO John Macdonald 7000 NW 52nd Street, Second Floor Miami, Florida 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 NW 52nd Street, Second Floor Miami, Florida 33166	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> 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

April 30, 2002

Date

305/592-5101

Daytime Phone #

CR2E034 (9/01)