

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0284639 AV

DOCUMENT # P99000094137

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



FILED

03 JAN 16 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7000 NORTHWEST 52ND STREET
MIAMI FL 33166

Mailing Address
7000 NORTHWEST 52ND STREET
MIAMI FL 33166

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 65-0957435

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, JUAN, Esq.
7000 NW 52ND STREET, SECOND FLOOR
MIAMI FL 33166

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

/ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MACDONALD, JOHN
7000 NW 52 ND STREET
MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
General Counsel and Assl. Secy
Juan Diaz
7000 Northwest 52nd Street, Second Floor
Miami, Florida 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
CANO, JORGE
7000 NW 52ND STREET
MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO and Treasurer
Douglas Wright
7000 Northwest 52nd Street, Second Floor
Miami, Florida 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MACDONALD, JOHN
5800 NW 74 AVE
MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900010166759
01/16/03--01061--003 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 09, 2003

Date

305.592-5101

Daytime Phone #

CR2E034 (10/02)