

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90031 018 \*\*\*158.75

**DOCUMENT # P99000094153**

1. Entity Name  
**F.S. GAS SUBSIDIARY, INC.**

Principal Place of Business

**5800 NW 74 AVENUE  
 MIAMI FL 33166**

Mailing Address

**5800 NW 74 AVENUE  
 MIAMI FL 33166**

**851033**



DO NOT WRITE IN THIS SPACE

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

**65-0959961**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**Miami - Dade**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARED, JOSE  
 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, Second 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	<b>DCEO BARED, JOSE P 5800 NW 74 AVENUE MIAMI FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS CANO, JORGE 5800 NW 74 AVENUE MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MACDONALD, JOHN 5800 NW 74 AVENUE MIAMI FL 33166</b>	<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
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	<b>CEO John MacDonald 7000 NW 52nd Street, Second Floor Miami, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7000 NW 52nd Street, Second Floor Miami, Florida 33166</b>	<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:

**JOHN MACDONALD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 30, 2002**

Date

**305/592-5101**

Daytime Phone #

CR2E034 (9/01)