

DOCUMENT # **V19322**

1. Entity Name
G.A.S. LEASING Corporation

Principal Place of Business Mailing Address
3141 Commerce Parkway **SAME**
MIRAMAR, Florida 33025

FILED
00 JUL 10 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
3141 Commerce Pkwy **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIRAMAR FL **SAME**

Zip Country Zip Country
33025 **Broward**

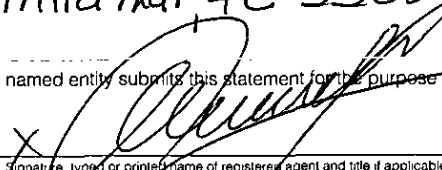
4. FEI Number Applied For
65-0412233 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEVE VRABEL
3141 Commerce Parkway
MIRAMAR FL 33025

7. Name and Address of New Registered Agent
Name **Carlos Mallol**
Street Address (P.O. Box Number is Not Acceptable)
3141 Commerce Parkway
City **MIRAMAR** FL Zip Code **33025**

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.

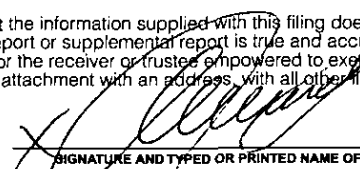
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 S | <input type="checkbox"/> Delete | TITLE S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME STEVE VRABEL | | NAME STEVE VRABEL | |
| STREET ADDRESS 5758 NW 62 Terrace | | STREET ADDRESS 5758 NW 62 Terrace | |
| CITY-ST-ZIP PARKLAND FL | | CITY-ST-ZIP PARKLAND FL | |
| TITLE Gary G Bloom | <input type="checkbox"/> Delete | TITLE GARY G BLOOM | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GARY G BLOOM | | NAME GARY G BLOOM | |
| STREET ADDRESS 4301 North Hills Dr | | STREET ADDRESS 4301 North Hills Dr | |
| CITY-ST-ZIP Hollywood, FL | | CITY-ST-ZIP Hollywood, FL | |
| TITLE Andres Garganta | <input type="checkbox"/> Delete | TITLE ANDRES GARGANTA | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ANDRES GARGANTA | | NAME ANDRES GARGANTA | |
| STREET ADDRESS 9933 SW 21st St | | STREET ADDRESS 9933 SW 21st St | |
| CITY-ST-ZIP Miami FL | | CITY-ST-ZIP Miami FL | |
| TITLE Carlos Mallol | <input type="checkbox"/> Delete | TITLE CARLOS MALLOL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CARLOS MALLOL | | NAME CARLOS MALLOL | |
| STREET ADDRESS 11355 SW 72nd Ct. | | STREET ADDRESS 11355 SW 72nd Ct. | |
| CITY-ST-ZIP Miami, FL | | CITY-ST-ZIP Miami, FL | |
| TITLE LS | <input type="checkbox"/> Delete | TITLE LS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LS | | NAME LS | |
| STREET ADDRESS LS | | STREET ADDRESS LS | |
| CITY-ST-ZIP LS | | CITY-ST-ZIP LS | |

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 #

CR2E034 (9/99)