

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P00000098521**  
1. Entity Name  
**Nebon Machine Shop & Welding, Inc.**

02 SEP -6 AM 10: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**P.O. Box 4335**  
Suite, Apt. #, etc.  
City & State  
**Hollywood, FL**  
Zip  
**33083** Country  
**Broward**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

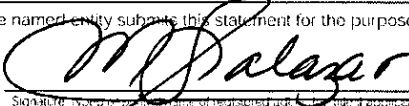
4. FEI Number **05-1050890** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **Mariuxi Salazar**  
Street Address (P.O. Box Number is Not Acceptable)  
**7225 N.W. 25th ST Ste 300**  
City **Miami** FL **33122**

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:  DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>Mariuxi Salazar<br/>P.O. Box 4335<br/>Hollywood - FL 33083</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>400007807484--2<br/>-09/17/02--01065--003<br/>****150.00 ****150.00</b> |
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IN THIS SPACE**

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 on an attachment with an address, with all other filers, if provided.

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034B (12/01)

9/6/02

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **NELSON MACHINE SHOP & WELDING, INC.**

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, appearing to read "M. Salazar", written over a horizontal line.

**MARIUXI SALAZAR**  
**PRESIDENT**