

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037257

1. Entity Name

ALPHA FABRICATIONS & WELDING, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

07-17-2000 90073 018 ***150.00
 08-16-2000 90005 032 ***400.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1736 N.E. 171 ST

3. Mailing Address

1736 N.E. 171 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI BCH

City & State

N. MIAMI BCH FLA.

4. FEI Number

65-0924205

Applied For

Not Applicable

Zip

FLA.

Country

U.S.A.

Zip

33162

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURIZO, OMAR

Name

TURIZO OMAR

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

1736 N.E. 171 ST

City

N. MIAMI BCH.

FL

Zip Code

33162

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-1-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME D
 STREET ADDRESS TURIZO, OMAR
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME D
 STREET ADDRESS OMAR TURIZO
 CITY-ST-ZIP 1736 N.E. 171 ST.
 N. MIAMI BCH. FLA. 33162

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

8-1-00

Date

Daytime Phone #

(305) 968-0953