

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486365

1. Entity Name
D & G WELDING SERVICE, INC.

FILED

02 DEC 23 PM 4:28

CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

Principal Place of Business

1695 W 33 PL
HIALEAH FL 33012
US

Mailing Address

1695 W 33 PL
HIALEAH FL 33012
US

D & G WELDING SERV, INC.

2. Principal Place of Business

1695 W. 33 PL.

3. Mailing Address

1695 W. 33 PL.

Suite, Apt. #, etc.

HIALEAH FL.

Suite, Apt. #, etc.

HIALEAH

City & State

33012

City & State

FLA.

Zip

Country

USA

Zip

33012

Country

USA

4. FEI Number

59-1816712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, JOSE H.
5920 W 20TH LN
HIALEAH FL 33016

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

12-17-02

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, 2002 Fee 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

TITLE PVS
NAME DELGADO, JOSE H.
STREET ADDRESS 5920 WEST 20TH LANE
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE D
NAME DELGADO, JOSE H.
STREET ADDRESS 5920 WEST 20TH LANE
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE TD
NAME VIDAL, ENRIQUE
STREET ADDRESS 1920 SW 7TH ST., #4
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 (305) VVR-0391

CR2E034 (4/02)