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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # H63273** 1. Entity Name LEE'S WELDING & MACHINE SERVICES, INC. 04-25-2001 90372 030 ***150.00 Principal Place of Business Mailing Address 7475 N.W. 63 STREET PO BOX 667531 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2555362 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAPY, STEVEN Street Address (P.O. Box Number is Not Acceptable) ONE SE 3RD AVE, STE 2660 **MIAMI FL 33131** City 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE DCP Delete ☐ Addition NAME BARNES, LEE NAME STREET ADDRESS STREET ADDRESS 7475 N.W. 63 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARNES, HARVEY L IV NAME STREET ADDRESS STREET ADDRESS 7475 N.W. 63 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI.FL 33166. ☐ Delete TITLE ☐ Change ☐ Addition BARNES, IV. HARVEY L NAME NAME STREET ADDRESS STREET ADDRESS 7475 N.W. 63 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.