

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000017998

FILED  
Mar 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** G & E SPECIALTY WELDING AND INSTALLATIONS, LLC

**Current Principal Place of Business:**

6305 GAGE PL. #309  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

2246 W 80TH ST  
UNIT 1  
HIALEAH, FL 33016

**Current Mailing Address:**

6305 GAGE PL. #309  
MIAMI LAKES, FL 33014

**New Mailing Address:**

2246 W 80TH ST.  
UNIT 1  
HIALEAH, FL 33016

**FEI Number:** 65-1147872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERDOMO, ELISA MARIA  
6305 GAGE PL. #309  
MIAMI LAKES, FL 33014

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: DEROSIER, GILMAN J  
Address: 6305 GAGE PL UNIT 309  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM ( ) Change (X) Addition  
Name: PERDOMO, ELISA MARIA  
Address: 6305 GAGE PL UNIT 309  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELISA MARIA PERDOMO

MGRM

03/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date