## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 16, 2000 8:00 am Secretary of State **DOCUMENT # M02498** PENATE'S GENERAL WELDING INC. 02-16-2000 90039 045 \*\*\*150.00 Principal Place of Business Mailing Address 11200 NW SOUTH RIVER DR 11200 NW SOUTH RIVER DR MEDLEY FL 33178-1137 \* FL 33178-1137 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number - City & State City & State 59-2426103 Not Applicable Country \$8.75 Additional Zip Country Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PENATE, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 880 SE 5 PL HIALEAH FL 33010 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 ·Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .... OFFICERS AND DIRECTORS 11. Change - Addition ☐ Delete TITLE PENATES, ROLANDO NAME NAME 8510 SW 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Change Addition TITLE Delete PENATES, SONIA NAME STREET ADDRESS 8510 SW 4TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE FERNANDEZ, ULISES NAME NAME STREET ADDRESS STREET ADDRESS 3260 W. 13 AVE. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Citty - ST- ZIP... ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: Date Daytime Phone # AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR