

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49645

1. Entity Name

PACIFIC OCEAN COALITION OF WELDING ASSOCIATIONS

Principal Place of Business

550 N.W. LEJEUNE RD
MIAMI FL 33126
US

Mailing Address

550 N.W. LEJEUNE RD
MIAMI FL 33126
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALL, NELSON C.
550 NW LEJEUNE ROAD
MIAMI FL 33135

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUJITA, MATSUDA 1-011 KANDRA SARU MACNO TOKYO JAPAN. <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEIKLE, JOHN DR PO BOX 76-134 MANUKAU CITY-NEW ZEALAND. <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WANG, OILONG DR 65 HE XING LU HARBIN, CHINA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMS, ROBERT MR PO BOX 6165 SILVERWATER AUSTRALIA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALL, NELSON C DR 550 N.W. LEJUNE RD MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DR. CHON L. TSAI TAIWAN WELDING SOCIETY OHIO STATE UNIV., COLUMBUS, OH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DR. CHUNG, PAUL/ MIRDC 1001 KAONAN HWY., KAUHSIUNG, TAIWAN 811 REPUBLIC OF CHINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMALLBONE, CHRIS/ WTIA, UNIT 3 SUITE 2, 9 PARAMATTA ROAD LIDCOMBE, NSW 2141 AUSTRALIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90086 001 ***306.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

5/9/00 (305) 443-9353