## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2001 8:00 am DOCUMENT # P00000077806 **Secretary of State** 1. Entity Name 03-06-2001 90296 037 \*\*\*150.00 GENERAL FABRICATION SERVICES CORP. Principal Place of Business Mailing Address 1001 North Federal Highway 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Simeon Wew 21360 San Simion 21300 DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Morth 1033 480 Not Applicable 65 -\$8.75 Additional 5. Certificate of Status Desired 33179 33179 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEDUC, REJEAN Street Address (P.O. Box Number is Not Acceptable) 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE FL 33009 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, typed or printed name of registered agent and title if 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** ☐ Addition TITI F Change CR2E034 (10/00 TITLE PD Delete Denis NAME FISET, DANIELLE NAME Madeau 21300 San Simeon Way, STREET ADDRESS STREET ADDRESS 975 BOUL CENTRAL CITY-ST-ZIP CITY-ST-ZIP QUEBEC (QUEBEC) G1P 2H6 Delete TITLE TITLE NAME NAME NADEAU, DENIS STREET ADDRESS STREET ADDRESS 975 BOUL CENTRAL CITY-ST-ZIP CITY-ST-ZIP QUEBEC (QUEBEC) G1P 2H6 --- Change - Addition. TITLE Delete ----TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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

ING OFFICER OF DIRECTOR NAME OF SIG