FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 05, 2002 8:00 am P00000077806 **Secretary of State** DOCUMENT # 1. Entity Name 02-05-2002 90049 006 ***150.00 GENERAL FABRICATION SERVICES CORP. Principal Place of Business Mailing Address 21300 SAN SIMEON WAY 21300 SAN SIMEON WAY UNIT N3 LINIT N3 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 US 2. Principal Place of Business 3. Mailing Address 836 POOLIDGE ST 1836 COOLIDGE ST. DO NOT WRITE IN THIS SPACE folly wood HOLLIWOOD City & State 4. FEI Number Applied For 65-1033480. Not Applicable Country Country 33020 33020 \$8.75 Additional 5. Certificate of Status Desired US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEDUC, REJEAN Street Address (P.O. Box Number is Not Acceptable) 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE FL 33009 Zio Code 8. The above named entity submits this statement for the hanging/its registered office or registered agent, or both, in the State of Florida. roose of 01-16-02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. ☐ Delete TITLE TITLE Addition NADEAU, DENIS NAME NAME-1836 COOLIDGE STREET ADDRESS 24300 SATEMEON WAY THE 203 STREET ODRESS HOLLYWOOD FL. NORTH MIAMI-BEACH FL-33179 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NADEAU, DENIS STREET ADDRESS 975 BOUL CENTRAL STREET ADDRESS CITY-ST-ZIP QUEBEC (QUEBEC) G1P 2H6 CITY-ST-ZIP -TITLE ☐ Delete ☐ 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-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 supplied entail 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 employered 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 wi