

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P00000098521**
1. Entity Name
Nebon Machine Shop & Welding, Inc.

02 SEP -6 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 4335
Suite, Apt. #, etc.
City & State
Hollywood, FL
Zip
33083 Country
Broward

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

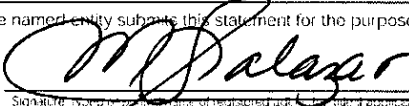
DO NOT WRITE IN THIS SPACE

4. FEI Number
05-1050890
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Mariuxi Salazar
Street Address (P.O. Box Number is Not Acceptable)
7225 N.W. 25th ST Ste 300
City
Miami FL **33122**


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 and Typed Name of Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mariuxi Salazar P.O. Box 4335 Hollywood - FL 33083	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400007807484--2 -09/17/02--01065--003 ****150.00 ****150.00
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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 on an attachment with an address, with all other filers, if provided.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034B (12/01)

9/16/02

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **NELSON MACHINE SHOP & WELDING, INC.**

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, appearing to read "M. Salazar", written over a horizontal line.

MARIUXI SALAZAR
PRESIDENT