

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90174 038 ***150.00

DOCUMENT # P00000105995



1. Entity Name
STAINFAB ELECTRICAL & MECHANICAL ENGINEERING, IN
C.

Principal Place of Business
1505 N.W. 91ST AVENUE
APT. 1022
CORAL SPRINGS FL 33071

Mailing Address
1505 N.W. 91ST AVENUE
APT. 1022
CORAL SPRINGS FL 33071

2. Principal Place of Business
641 SE 6 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
641 SE 6 AVENUE
Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL
Zip
33060
Country
USA

City & State
POMPANO BEACH, FL
Zip
33060
Country
USA

4. FEI Number NOT APPLICABLE
Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BESTER, PHILLIPUS P
1505 N.W. 91ST AVENUE
APT. 1022
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name
BESTER, PHILLIPUS P
Street Address (P.O. Box Number is Not Acceptable)
641 SE 6 AVENUE
City
POMPANO BEACH FL
Zip Code
33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BESTER, PHILLIPUS P
1505 N.W. 91ST AVENUE, APT. 1022
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BESTER, PHILLIPUS P
641 SE 6 AVENUE
POMPANO BEACH, FL 33060 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-03 954 817 3059

Date Daytime Phone #

CR2E034 (10/02)