


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90671 021 ***150.00

DOCUMENT # P01000026525

1. Entity Name
CABRERA WELDING AND FABRICATION, INC.



| | |
|-----------------------------|--------------------------|
| Principal Place of Business | Mailing Address |
| P.O. BOX 290483 | P.O. BOX 290483 |
| FORT LAUDERDALE FL 33329 | FORT LAUDERDALE FL 33329 |

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-3706867 | Applied For |
| | | Not Applicable |

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

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

CABRERA, PEDRO L
11514 SW 53RD PLACE
COOPER CITY FL 33330

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

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 \$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 |
|-----|------------------------|

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CABRERA, PEDRO L | |
| STREET ADDRESS | P.O. BOX 290483 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33329 | |

| | | | |
|----------------|-----|--|-----------------------------------|
| TITLE | P/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

| TITLE | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| CITY-ST-ZIP | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |

| | |
|----------------|---------------------------------|
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

| | |
|----------------|---|
| CITY-ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |

| CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS |
|-------------|-------|---------------------------------|----------------|
| | | <input type="checkbox"/> Delete | |

| | |
|----------------|---|
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |

| | |
|-----------------|---------------------------------|
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |

| CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (10/02)