FILED
Jul 24, 2003 8:00 am
Secretary of State
07-10-2003 90114 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033139

1. Entity Name: A AND A WELDING PROFESSIONAL

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2. Principal Place of Business	3. Mailing Address
8171 NW 91st TERRACE	8171 NW 91st TERRACE
Suite, Apt. #, etc.: BAY 5	Suite, Apt. #, etc.: BAY 5
City & State: MEDLEY FL	City & State: MEDLEY FL
Zip: 33166 Country: U.S.A	Zip: 33166 Country: U.S.A

4. FEI Number: 65-1096112 ☒ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Alain Fernandez

Street Address (P.O. Box Number is Not Acceptable): 8171 NW 91 Terr Bay#5

City: Medley FL Zip Code: 33166

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

Fee is Due January 1, by May 1, Fee is $150.00. After May 1, Add $400 Late Fee. Amended UBR is $61.25. 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	PD
NAME	FERNANDEZ, ALAIN
STREET ADDRESS	8171 NW 91 TERRACE BAY #5
CITY-ST-ZIP	MEDLEY FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.*

SIGNATURE: ______ 7/7/03 (305) 805-7273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #