2002 Uniform Business Report (UBR)

Apr 03, 2002 8:00 am Secretary of State P01000083033 DOCUMENT # 1. Entity Name 04-03-2002 90178 025 ***150.00 JORGE H. WELDING, INC. Principal Place of Business Mailing Address 2515 SW 7TH ST. #3 2515 SW 7TH ST. #3 7494 N.W. 8th Street 7494 N.W. 8th Street MAMI FL 33135 MIAMI FL 33135 Tel: 305-206-0881 2. Principal Place of Business 3. Mailing Address 7494 N.W. same Suite Apt. #; etc. DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7494 N.W. 8th Sweet Tel: 305-269-0881 Zip Code City 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. at a same afterfield DATE tered 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 ☐ Addition ☐ Change TITLE TITLE ☐ Delete HUARCAYA, JORGE 2515 SW 7744 ST. #3 NAME NAME 7494 N.W. 8th Street Tel: 305-269-0881 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MHAMI FL 33135 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change . Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TIT! F Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

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