

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90053 008 \*\*\*150.00

**DOCUMENT # P96000060359**

1. Entity Name

**EDWARD GENERAL STEEL ERECTORS, INC.**

Principal Place of Business

Mailing Address

531 E 36TH ST  
 HIALEAH FL 33013  
 US

531 E 36TH ST  
 HIALEAH FL 33013-3034  
 US

2. Principal Place of Business

3. Mailing Address

*531 E. 36th STREET*

*531 E. 36th STREET*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0686674**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

City & State  
*Hialeah FL.*

City & State  
*Hialeah FL.*

Zip  
*33013*

Country

Zip  
*33013*

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VEGA, EDWARD R**  
**531 E 36TH ST**  
**HIALEAH FL 33013**

Name

Street Address (P.O. Box Number is Not Acceptable)

*531 E. 36th STREET*

City  
*Hialeah*

State  
**FL**

Zip Code  
*33013*

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, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	VEGA, EDWARD R	
STREET ADDRESS	531 E 36TH ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VEGA, HILDEGART	
STREET ADDRESS	531 E 36TH ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<i>531 E. 36th STREET</i>	
STREET ADDRESS	<i>Hialeah, FL. 33013</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<i>531 E. 36th STREET</i>	
STREET ADDRESS	<i>Hialeah, FL. 33013</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Edward Vega*

Date

Daytime Phone #

*1-06-2000 (90)694-964*