

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060359

1. Entity Name

EDWARD GENERAL STEEL ERECTORS, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90053 008 ***150.00

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
Suite, Apt. #, etc.

531 E. 36th STREET
Suite, Apt. #, etc.

City & State

City & State

Hialeah FL.

Hialeah FL.

Zip
33013

Country

Zip
33013

Country

6. Name and Address of Current 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

FL

Zip Code
33013

7. Name and Address of New Registered Agent

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

Date

Daytime Phone #

1-06-2000 (95)694-964