

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90019 025 ***150.00

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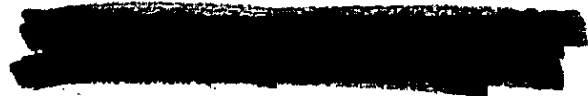
1. Entity Name
 VULCAN AVIATION WELDING INC

Principal Place of Business
 2070 TIGERTAIL BLVD.
 Bldg. 2 Bay DD
 Dania FL 33004

Mailing Address
 2070 TIGERTAIL BLVD.
 Bldg. 2 Bay DD
 Dania FL 33004

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65 0770909 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 JUAN I MAGANA
 2070 TIGERTAIL BLVD.
 Bldg. 2 Bay DD
 DANIA FL 33004

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Juan I Magana President 4/19/00* **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P.D. JUAN I MAGANA 6830 S.W. 16 STREET Pembroke Pines FL 33023	TITLE	
NAME	JUAN I MAGANA	NAME	
STREET ADDRESS	6830 S.W. 16 STREET	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines FL 33023	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D VIVIAN A. MAGANA 6830 S.W. 16 STREET Pembroke Pines FL 33023	TITLE	
NAME	VIVIAN A. MAGANA	NAME	
STREET ADDRESS	6830 S.W. 16 STREET	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines FL 33023	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V.P. John MAGANA 6830 S.W. 16 STREET Pembroke Pines FL 33023	TITLE	
NAME	John MAGANA	NAME	
STREET ADDRESS	6830 S.W. 16 STREET	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines FL 33023	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Juan I Magana Pres. 4/19/00