2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

OOOD ANY SOUTH DIVER DO

DOCUMENT # P97000100948

1. Entity Name

Principal Place of Business

OOO ANY COUTH DIVED DO

SIGNATURE:

RIGO GENERAL WELDING, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90325 028 ***150.00

Daytime Phone #

| #33 | IIII RIYCH UN. | • | #33 | UR. | | | | | | | |
|---|--|---|-------------------------------------|-------------------------------------|------------------------|----------------------------------|---|--------------------|-------------------------------|-----------------------|--|
| #33 MEDLEY FL 33166 | | | MEDLEY FL 33166 | | | | | | | | |
| 2. Principal Place of Business 9939 NW 89 Ave # 2 | | | 3. Mailing Address 9939 NW 89 Am #2 | | | | | i opisi ilili obii |) 80110 101(1 0 | | |
| Suite, Apt. | | | Suite, Apt. #, etc. | | | | CHECK HERE | F MAKING C | HANGES | | |
| City & State Medley Flonda | | | City & State Medley | Am | nda | | 65-17Q69Q9 | | plied For t Applicable | | |
| 33/78 Country USA | | | Zip Count | | | 5. Certificate of Status Desired | | | S8.75 Additional Fee Required | | |
| | 6. Name and | Address of Current Reg | gistered Agent | | | 7. 1 | Name and Address of New Re | egistered Ag | ent | | |
| AMAYA, RI | | | | | Name Street Address | (P.O. B | ox Number is Not Acceptable | | | | |
| 9090 NW 9 #33 | south river d | R. | | - | 9939 | N | W B9 Ave # | <u> </u> | | | |
| MEDLEY FL 33166 | | | | | City Med/ | e Y | | FL | Zip Code | 28 | |
| | named entity subnions of registered a | | e purpose of changing its | registered | office or registe | rea ag | ent, or both, in the State of Flo | rida. I am far | niliar with, | and accept | |
| SIGNATURE 2 | Signature, typed or printe | d name of registered agent and t | itle if applicable. (NOT | E: Registered A | gent signature require | d when re | einstating) | DATE | | | |
| 4 After | | E IS \$150.00 e will be \$550.00 ida Department of St | ate | | | | Election Campaign Fin. Trust Fund Contribution | ~ — | | O May Be I to Fees | |
| 10. 😲 | | OFFICERS AND DIR | ECTORS · | 11. | | AD | DITIONS/CHANGES TO OFFI | CERS AND D | IRECTORS | 3 IN 11 | |
| TITLE NAME | PD RIGOBERTO, AI 9010 SW 25 ST MIAMI FL 33165 | • | ☐ Delete | TITLE NAME STREET CITY-ST | ADDRESS 1-zip | | | (| Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Delete AMAYA, LEONOR P 9010 SW 25 ST MIAMI FL 33165 | | | TITLE NAME STREET CITY-ST | ADDRESS 1-ZIP | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | ☐ Delete | TITLE NAME STREET. CITY-ST | ADORESS 1- ZIP | | | [| Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET CITY-SI | ADDRESS ZIP | | | [| Change | ☐ Addition | |
| name Street address City-St-Zip | | | □ Delete | TITLE NAME STREET | ADDRESS - ZIP | | | [| Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET | ADDRESS ZIP | | | C | Change | Addition | |
| indicated of the corp | on this report or su poration or the rece | pplemental report is tru- eiver or trustee empowe | e and accurate and that r | ny signatur as required | e shall have the | same I | 119.07(3)(i), Florida Statutes. I legal effect as if made under o da Statutes; and that my name | ath; that I am | an officer | or director | |

OFFICER OR DIRECTOR