

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104574

1. Entity Name

U.S.A. WELDING SUPPLIES, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90052 044 \*\*\*150.00

Principal Place of Business  
2211 N.W. 26 AVE  
MIAMI FL 33142

Mailing Address  
2211 N.W. 26 AVE  
MIAMI FL 33142-7184

2. Principal Place of Business  
2211 N.W. 26 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
2211 N.W. 26 AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL  
Zip  
33142  
Country  
U.S.A.

City & State  
Miami, FL  
Zip  
33142  
Country  
U.S.A.

4. FEI Number 65-0803407  
☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELQUEZABAL, JOSE  
2211 N.W. 26 AVE  
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name Jose Elquezabal  
Street Address (P.O. Box Number is Not Acceptable)  
2211 N.W. 26 AVE  
City Miami, FL Zip Code 33142

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 Jose Elquezabal Jose Elquezabal 3/3/00  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELQUEZABAL, JOSE		NAME		
STREET ADDRESS	2211 N.W. 26 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELQUEZABAL, TOMAS M		NAME		
STREET ADDRESS	2211 N.W. 26 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Jose Elquezabal 3/3/00 305-635-1076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)