

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104574

1. Entity Name  
U.S.A. WELDING SUPPLIES, INC.

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90091 040 \*\*\*150.00

Principal Place of Business

2211 N.W. 26 AVE  
MIAMI FL 33142

Mailing Address

2211 N.W. 26 AVE  
MIAMI FL 33142

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

City & State

MIAMI, FL

4. FEI Number 65-0803407

Applied For

Not Applicable

Zip 33142

Country U.S.A.

Zip 33142

Country U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

*Jose Elquezabal*  
(NOTE: Registered Agent signature required when reinstating)

*1/9/01*  
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, 2001 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  
NAME ELQUEZABAL, JOSE  
STREET ADDRESS 2211 N.W. 26 AVE  
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME ELQUEZABAL, TOMAS M  
STREET ADDRESS 2211 N.W. 26 AVE  
CITY-ST-ZIP MIAMI FL 33142 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose Elquezabal*

*1/9/01*  
Date

*305-635-1076*  
Daytime Phone #

CR2E034 (10/00)