

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90034 040 ***150.00

DOCUMENT # P97000104574

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

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

2217 N.W. 26 AVE

3. Mailing Address

2217 N.W. 26 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

7. Name and Address of New Registered Agent

Name **Jose Elguezabal.**

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

2217 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

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, 2002 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 **P** ☐ Delete
 NAME **ELGUEZABAL, JOSE**
 STREET ADDRESS **2211 N.W. 26 AVE**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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:

Jose Elguezabal

Date

3/12/02

Daytime Phone #

305-635-101

CR2E034 (9/01)