

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052868

1. Entity Name

JESUS OMAR FARRAY GENERAL WELDING INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90104 025 ***150.00

Principal Place of Business

960 N.W. 137TH AVE
MIAMI FL 33182

Mailing Address

960 N.W. 137TH AVE
MIAMI FL 33182-4960

2. Principal Place of Business

13545 NW 9LN

Suite, Apt. #, etc.

3. Mailing Address

13545 NW 9LN

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0846080

Applied For

Not Applicable

Zip

33182

Country

USA

Zip

33182

Country

USA

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

Name

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

13545 NW 9LN

City

Miami

FL

Zip Code

33182

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)

03/03/00
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 PD
NAME FARRAY, JESUS O
STREET ADDRESS 960 N.W. 137TH AVE
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13545 NW 9LN
CITY-ST-ZIP Miami FL 33182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

WITNESS REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/00
Date

(305) 997-5177
Daytime Phone #

CR2E034 (9/99)