

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90006 020 ***150.00

DOCUMENT # P98000064410

1. Entity Name

ARAWAK WELDING CORP.

Principal Place of Business

**1126 S FEDERAL HWY
 FORT LAUDERDALE FL 33316**

Mailing Address

**1126 S FEDERAL HWY
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0860875

Applied For

Not Applicable

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

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 LONEWOLF, HALO
 1126 S FEDERAL HWY
 FORT LAUDERDALE FL 33316** ☐ 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

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

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

7/18/01
 Date

954-728-8481
 Daytime Phone #

0085557
 AV

CR2E034 (5/01)

Attachment
#P9800006441-0
773081

I HAVE ENCLOSED A CHECK FOR
\$150.00 FOR THIS FEE; I DID NOT
RECEIVE A NOTICE IN FEB, 2001.
IF YOU WILL CHECK MY PREVIOUS
RECORD, YOU WILL SEE THAT I HAVE
ALWAYS PAID ON TIME WITHOUT PENALTY,
BUT FOR REASONS UNKNOWN, THIS
YEAR I DID NOT RECEIVE THIS FORM
ON TIME. PLEASE TAKE INTO
CONSIDERATION THAT MAIL DOESN'T ALWAYS
GET WHERE ITS GOING, AND I CERTAINLY
WOULD NOT DELIBERATELY IGNORE
PAYING SINCE YOUR LATE FEE IS
SO ENORMOUS.

Halo Lowell