## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #	

R & R WELDING INC.



SECRETARY OF STATE STATE

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	Place of Business SW 47 TERR.	3. Mailing Address 2120 NW 23	CT.	A		900012798029 02720709-01008006 ##\$00.00								
Suite, Ap	1. #, etc.	Suite, Apr. #, etc		·		DO NO) WRITE IN THIS SPACE								
City & Sta MIAMI, I	FL	City & State MIAMI, FL			<b>4.</b> F6	65-0922617		Applied For						
<sup>Zip</sup> 33165	Country	<sup>∠ip</sup> 33165	Coun	Uy	<b>5</b> . Co	ertificate of Status Desired		\$8.75 Additional Fee Required						
				Name Das		e and Address of Current Re	gistered ,	Agent						
	DO NOT	WRITE		KAN		REVAL SR.	······································	***************************************						
	IN THIS	lana (1		Silee Andres	s (1° O. Bo	x Number is Not Acceptable)		-						
				10790 SV	V 47 TE	RR								
				City MIAMI	]	***************************************	FL	2m Code 33165						
8. The above	named entity submits this statem tions of registered agent.	ort for the purpose of changi	ng its registere	d office or regis	lcred ager	it, or both, in the State of Florida	a. Lam fac	niliar with, and accept						
SIGNATURE		d egosa and nije if applicable				•	-							
an inches	nuary 1 - May 1 Fco is \$150.0		profit registres	Agent signature requi	rzo wnen ien	istrg)	DATE							
Make Check	After May 1, Fee is \$550,00 Amended UBR is \$61,25 Payable to Florida Departme	int of State				<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ng ().	\$5.00 May Be Added to Fees						
10.	OFFICERS	AND DIRECTORS	Alimon:		inis, inis		G. 11 (1)							
TITLE MAME SIREET ADDRESS CIT'ST-ZIP	(P) RAMON PREVAL 10790 SW 47 TERR MIAMI, FL 33165	SR.	NAME STREET CHIVES	í address St-zip										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(V) RAMON PREVAL 10790 SW 47 TERR MIAMI, FL 33165	JR	THLE MAME STREET	ADONESS 1.70P										
HILE NAME STREET ADDRESS CHY-ST-ZIP		-	TITLE NAME SIREET CITY-S	ADDRESS T-ZIP:		DO NOT W	/RIT	E						
NAME STREET AUDRESS CHY-ST-ZIP			TITLE NAME STREFT CITY-S	acinress		IN THIS SE	'AC	E						
ITTE NAME STREET AUDRESS CITY-ST-ZIP			JITLE NAME STREET CITY S	Address 1-749										
TITLE NAME STREET ADDRESS			TITLE NAME STREET	A)DNESS										

12. Thereby 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 performance and that my signature shall have the same legal effect as it made under early, that I am an officer or director of the corporation or the receiver or postered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or on an artischment with an address, with a cother like execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or on an

SIGNATURE:

FRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

RAMON PREVAL PRESIDENT