## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED DOCUMENT# P99000015427 May 26, 2000 8:00 am Secretary of State 1. Entity Name 377, 73 JESS COTO GENERAL WELDING INC. William. 05-26-2000 90133 009 \*\*\*150.00 Principal Place of Business Mailing Address 10114 SW 22 TERR 10114 SW 22 TERR MIAMI FL 33165 MIAMI FL 33165-7461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired n. 18 1. 18 1. 11 Fee Required - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COTO, MARGARITO Street Address (P.O. Box Number is Not Acceptable) 10114 SW 22 TERR **MIAMI FL 33165** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ICH MEILENOWIII FEE IS \$150.00 9<sub>Կ։</sub> This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 ¿cTax fiting:requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** Addition ☐ Delete TITLE TITLE COTO: MARGARITO 40 1110 NAME NAME AC STREET ADDRESS STREET ADDRESS 10114 SW 22 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 1 ... Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ⇒∴~---D:Deleter TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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