

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90045 039 ***150.00

DOCUMENT # P99000034518

1. Entity Name

PRO-WELD OF SOUTH FLORIDA, INC.

Principal Place of Business

**3802 NORTHWEST 23RD COURT
 COCONUT CREEK FL 33066**

Mailing Address

**3802 NORTHWEST 23RD COURT
 COCONUT CREEK FL 33066**

2. Principal Place of Business

3101 VISTA DEL MAR

Suite, Apt. #, etc.

3. Mailing Address

3101 VISTA DEL MAR

Suite, Apt. #, etc.

City & State

MARGATE FLORIDA

City & State

MARGATE, FLORIDA

Zip

33063-9304

Country

Zip

33063-9304

Country

4. FEI Number

65-0912898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DARSHAN, EFFIE

**3802 NORTHWEST 23RD COURT
 COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent

Name

EFFIE DARSHAN

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

3101 VISTA DEL MAR

City

MARGATE

FL

Zip Code

33063-9304

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 or director (NOTE: Registered Agent signature required when reinstating)

DATE

3-15-01

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, 2001 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 **PSTD** ☐ Delete
 NAME **DARSHAN, EFFIE**
 STREET ADDRESS **3802 NORTHWEST 23RD COURT**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 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 **3101 VISTA DEL MAR**
 CITY-ST-ZIP **MARGATE FL 33063-9304**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EFFIE DARSHAN, PRESIDENT

Date

Daytime Phone #

3-15-01

CR2E034 (10/00)

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