

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90140 008 ***150.00

DOCUMENT # P99000080917

1. Entity Name
Y. & D. WELDING TRUCK SERVICES, INC.



Principal Place of Business
**7315 HARDING AVENUE, #18
MIAMI BEACH, FL 33160**

Mailing Address
**7315 HARDING AVENUE, #18
MIAMI BEACH, FL 33160**

2. Principal Place of Business
3881 E. 8TH Lane
Suite, Apt. #, etc.

3. Mailing Address
3881 E. 8TH Lane
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
HTALEAH, FLORIDA
Zip
33013
Country
Miami-Dade

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33013
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4. FEI Number
65-0947495
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARDONA, YESENIA
7315 HARDING AVENUE, #18
MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name
CARDONA, YESENIA
Street Address (P.O. Box Number is Not Acceptable)
3881 E 8TH Lane
City
HTALEAH FL Zip Code
33013

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

2/24/03

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STATE OF FLORIDA
SECRETARY OF STATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PSD	DANZA, YOJANT	7315 HARDING AVENUE, #18	MIAMI BEACH, FL 33160	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
PSD	DANZA, YOJANT	3881 E 8TH Lane	HTALEAH, FL 33013	☒
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 24, 2003 (305) 525-8739

Date

Daytime Phone #

CR2E034 (10/02)