

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90151 022 ***150.00

DOCUMENT # S45738

1. Entity Name

M & M WELDING, INC.

Principal Place of Business

Mailing Address

6830 S.W. 16TH STREET
 PEMBROKE PINES FL 33023

6830 S.W. 16TH STREET
 PEMBROKE PINES FL 33023-2060

2. Principal Place of Business

3. Mailing Address

2070 TIGERTAIL AVE

2070 TIGERTAIL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 2 BAY DD

BLDG 2 BAY DD

City & State

City & State

DANIA FL

DANIA FL

Zip

Country

Zip

Country

33004 U.S.A.

33004 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0268385

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

MAGANA, VIVIAN
 6830 S.W. 16TH ST.
 PEMBROKE PINES FL 33023

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **MAGANA, JUAN**
 STREET ADDRESS **6830 S.W. 16TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **MAGANA, VIVIAN**
 STREET ADDRESS **6830 S.W. 16TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **MAGANA, JOHN**
 STREET ADDRESS **6830 S.W. 16TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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)(f), 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:

Juan Magana President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00

Date

Daytime Phone #

CR2E034 (9/99)