

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90040 031 ***163.75

DOCUMENT # V42249

1. Entity Name
ALBIN WELDING, INC.

Principal Place of Business

~~11600 W. GOLF DR. #C414~~
~~MIAMI FL 33147~~

1160 NW 100 ST
MIAMI FL 33150

Mailing Address

~~11600 W. GOLF DR. #C414~~
~~MIAMI FL 33147~~

1160 NW 100 ST
MIAMI FL 33150

2. Principal Place of Business

1160 NW 100 ST

3. Mailing Address

1160 NW 100 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI FLA.

4. FEI Number

65-0345270

☒ Applied For
☐ Not Applicable

Zip

33150

Country

U.S.A.

Zip

33150

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRATER, LINDA M

41600 W. GOLF DR. #C414

MIAMI FL 33147

7. Name and Address of New Registered Agent

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, 2002 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 ☐ Delete
 NAME **P LOBAINA, ALBIN**
 STREET ADDRESS **11600 W. GOLF DR. #C414**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME **V LORIE, NOELIA**
 STREET ADDRESS **11600 W. GOLF DR. #C414**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME **T PRATER, LINDA M**
 STREET ADDRESS **11600 W. GOLF DR. #C414**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 **P LOBAINA ALBIN**
 STREET ADDRESS **1160 NW 100 ST,**
 CITY-ST-ZIP **MIAMI FLA. 33150**

TITLE ☐ Change ☐ Addition
 NAME **V LORIE NOELIA**
 STREET ADDRESS **11600 W. GOLF DR. #C-414**
 CITY-ST-ZIP **MIAMI FLA. 33167**

TITLE ☐ Change ☐ Addition
 NAME **T PRATER LINDA M.**
 STREET ADDRESS **1160 NW 100 ST**
 CITY-ST-ZIP **MIAMI FLA. 33150**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(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

4-9-2002

Date

305-858-8472

Daytime Phone #

CR2E034 (9/01)