

# 2000 UNIFORM BUSINESS REPORT (UBR)

0182271

DOCUMENT # V66484

1. Entity Name

EAGLE WELDING SERVICE, INC.

FILED

01 FEB 22 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

17211 NW 42ND PLACE  
MIAMI FL 33055

17211 NW 42ND PLACE  
MIAMI FL 33054-0202

2. Principal Place of Business

3081 W.W. 43rd Ave

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

B5

Suite, Apt. #, etc.

540202

City & State

Miami, FL

City & State

Miami, FL

Zip

33054

Country

USA

Zip

33054

Country



REINSTATEMENT 00-01

4. FEI Number

65-0359287

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

SP

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREMBLE, HERBERT  
17211 NW 42 PLACE  
MIAMI FL 33055

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 *Herbert V. Tremble*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/01

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD TREMBLE, HERBERT 17211 NW 42ND PLACE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VTD</del> SCY TREMBLE, VERA 17211 NW 42ND PLACE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Herbert V. Tremble 170 NE 151 St Miami, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Khairney Tremble 17211 NW 42nd Pl Miami, FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003768104-2 -02/26/01--0118-006 *****650.00 *****650.00	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCY 400003768104-2 -02/26/01--0118-007 *****91.25 *****91.25	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD 400003768104-2 -02/26/01--0118-008 *****158.75 *****158.75	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Khairney Tremble 17211 NW 42nd Pl Miami, FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Herbert V. Tremble*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/00

Date

305-788-4372

Daytime Phone #

CR2E034 (9/99)