

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91485 042 ***150.00

DOCUMENT # P02000082383

1. Entity Name
QUICKCRETE READY MIX, INC.



Principal Place of Business
8720 NW 93 ST.
MEDLEY FL 33178

Mailing Address
8720 NW 93 ST.
MEDLEY FL 33178

2. Principal Place of Business

9150 NW 87 AVE
Suite, Apt. #, etc.
Medley, FL 33178
City & State

3. Mailing Address

9150 NW 87 AVE
Suite, Apt. #, etc.
Medley, FL 33178
City & State



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

81-0563470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEONE - MUNOZ, BARBARA
6020 W. 6TH AVE.
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
BARBARA SEONE-MUNOZ
Street Address (P.O. Box Number is Not Acceptable)
6020 W 6 AVE
City
Hialeah, FL
FL
Zip Code
33012

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

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

NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEOANE-MUNOZ, BARBARA	
STREET ADDRESS	6020 W. 6TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEOANE, JORGE S	
STREET ADDRESS	122 WEST 52ND ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MUNOZ, SANTOS R	
STREET ADDRESS	6020 W. 6TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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:

Barbara Seone Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03 (786) 229-1316

CR2E034 (10/02)