

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90091 034 \*\*\*150.00

**DOCUMENT # P01000017719**

**1. Entity Name**  
**PYRAMID CONCRETE RESTORATION SPECIALISTS, INC.**

**Principal Place of Business**

**223 VANDERBILT DR  
 LAKE WORTH FL 33460**

**Mailing Address**

**223 VANDERBILT DR  
 LAKE WORTH FL 33460**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**2728 Norman Drive**

Suite, Apt. #, etc.

**3. Mailing Address**

**2728 Norman Drive**

Suite, Apt. #, etc.

**City & State**

**West Palm Beach, FL**

**City & State**

**West Palm Beach, FL**

**4. FEI Number**

**65 107-7667**

**Applied For**

**Not Applicable**

**Zip**

**33409**

**Country**

**Zip**

**33409**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**MONTALVO, MARGARET**

**11911 US HWY 1, STE 201**

**N PALM BEACH FL 33408**

**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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CASTRO, JUAN A</b>	
<b>STREET ADDRESS</b>	<b>223 VANDERBILT DR</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE WORTH FL 33460</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GERARDO, NELSON</b>	
<b>STREET ADDRESS</b>	<b>819 COLONIAL RD</b>	
<b>CITY-ST-ZIP</b>	<b>W PALM BEACH FL 33405</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P S D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Castro Juan A.</b>	
<b>STREET ADDRESS</b>	<b>2728 Norman Drive</b>	
<b>CITY-ST-ZIP</b>	<b>West Palm Beach, FL 33409</b>	
<b>TITLE</b>	<b>V T D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Gerardo, Nelson</b>	
<b>STREET ADDRESS</b>	<b>2728 Norman Drive</b>	
<b>CITY-ST-ZIP</b>	<b>West Palm Beach, FL 33409</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-31-02 586-6818**

CR2E034 (9/01)