

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90890 049 ***150.00

DOCUMENT # 162424

1. Entity Name
CONCREFORM CO.

Principal Place of Business
C/O EDWARD A ASTOR
2681 NE 191ST STREET
MIAMI FL 33180

Mailing Address
C/O EDWARD A ASTOR
2681 NE 191ST STREET
MIAMI FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0614408

Applied For
Not Applicable

Zip Country

Zip Country

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

ASTOR, EDWARD A
2681 NE 191ST ST
MIAMI FL 33180

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ASTOR, EDWARD A SR.
STREET ADDRESS 2681 NE 191ST ST
CITY-ST-ZIP MIAMI, FL 00000

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS
NAME ASTOR, MARY J
STREET ADDRESS 2681 NE 191ST ST
CITY-ST-ZIP MIAMI, FL 00000

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EV
NAME ASTOR, EDWARD A Jr.
STREET ADDRESS 2681 NE 191ST ST.
CITY-ST-ZIP MIAMI FL

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MADER, RALPH C
STREET ADDRESS 2681 NE 191ST ST
CITY-ST-ZIP MIAMI FL

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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: EDWARD A. ASTOR, PRESIDENT

4/10/2002

305/931-1801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)