

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 22 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022393

1. Entity Name
DECORATIVE CONCRETE PATIO, LLC

Principal Place of Business 1111 NE 32 STREET POMPANO BEACH FL 33064 801 NE 18th Ct. #308 Fort Lauderdale, FL 33305	Mailing Address 1211 NE 32 STREET POMPANO BEACH FL 33064 801 NE 18th Ct. #308 Fort Lauderdale, FL 33305
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 432125069	Applied For <input type="checkbox"/> Not Applicable
--	--	-----------------------------------	--

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUEIREDO, CRISTIANO
1111 NE 32 STREET
POMPANO BEACH FL 33064
801 NE 18th Ct. #308
Fort Lauderdale, FL 33305

Name
Figueiredo, Cristiano
Street Address (P.O. Box Number is Not Acceptable)
801 NE 18th Ct. #308
City
FORT LAUDERDALE FL Zip Code
33305

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 *Cristiano Figueiredo*

DATE **10/13/02**

(NOTE: Registered Agent Signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cristiano Figueiredo 801 N.E. 18th Court, #38 Fort Lauderdale, FL 33305
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	<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	<input type="checkbox"/> Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Cristiano Figueiredo* **REQUIRED**

DATE **9/20/02** 9545615670

CR2E083 (4/02)