

# 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 <b>1111 NE 32 STREET POMPANO BEACH FL 33064 801 NE 18th Ct. #308 Fort Lauderdale, FL 33305</b>	Mailing Address <b>1211 NE 32 STREET POMPANO BEACH FL 33064 801 NE 18th Ct. #308 Fort Lauderdale, FL 33305</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>432125069</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FIGUEIREDO, CRISTIANO  
1111 NE 32 STREET  
POMPANO BEACH FL 33064  
801 NE 18th Ct. #308  
Fort Lauderdale, FL  
33305**

7. Name and Address of New Registered Agent  
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	<b>MGRM Cristiano Figueiredo 801 N.E. 18th Court, #38 Fort Lauderdale, FL 33305</b>
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
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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)