

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90049 050 \*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD ASTOR, EDWARD A 2681 NE 191ST ST MIAMI, FL 00000	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TS ASTOR, MARY J 2681 NE 191ST ST MIAMI, FL 00000	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V MADER, RALPH C. 2681 NE 191ST ST. MIAMI FL	<input type="checkbox"/> Delete	EV ASTOR, EDWARD A. (JR.) 2681 NE 191ST ST MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
EV ASTOR, EDWARD A. (JR.) 2681 NE 191ST ST MIAMI FL	<input type="checkbox"/> Delete	V MADER, RALPH C. 2681 NE 191ST ST MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

(305) 931-1801

Date

Daytime Phone #

EDWARD A. ASTOR, PRESIDENT

CR2E034 (10/00)