

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 354641**

**1. Entity Name**  
**SUNSET CONCRETE PRODUCTS, INC.**



**Principal Place of Business**  
1999 NW 16TH ST.  
POMPANO BCH. FL 33069

**Mailing Address**  
1999 NW 16TH ST.  
POMPANO BCH. FL 33069

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90075 001 \*\*\*\*\*8.75  
01-15-2003 90075 002 \*\*\*150.00

**00001120**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-1285242**

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**

**PEDRO ABIGANTUS**  
**1999 NW 16TH ST**  
**POMPANO BEACH FL 33069**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **PST** ☐ Delete  
**NAME** **ABIGANTUS, PEDRO**  
**STREET ADDRESS** **13791 NW 23 ST**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33028**

**TITLE** **PST/D.** ☐ Change ☒ Addition  
**NAME** **Abigantus Pedro**  
**STREET ADDRESS** **13791 NW 23 St.**  
**CITY-ST-ZIP** **Pembroke Pines, FL 33028**

**TITLE** **D** ☒ Delete  
**NAME** **ABIGANTUS, PEDRO**  
**STREET ADDRESS** **2200 N.W. 94 AVE**  
**CITY-ST-ZIP** **PEMBROKE PINES FL**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)