

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90056 006 ***150.00

DOCUMENT # 483772

1. Entity Name

DADE CONCRETE PUMPING, INC.

Principal Place of Business

Mailing Address

C/O GILBRIDE, HELLER & BROWN, PA
 2 SOUTH BISCAYNE BLVD.
 MIAMI FL 33131

C/O GILBRIDE, HELLER & BROWN, PA
 2 SOUTH BISCAYNE BLVD.
 MIAMI FL 33131-1806

00030245



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

59-1717572

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

HELLER, LAWRENCE R.
ONE BISCAYNE TOWER, SUITE 1946
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	GONZALES, RICARDO	
STREET ADDRESS	8120 NW 74TH STREET	
CITY-ST-ZIP	MEDLEY, FL 0	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, BLANCA	
STREET ADDRESS	8120 NW 74TH STREET	
CITY-ST-ZIP	MEDLEY, FL 0	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, RICARDO J	
STREET ADDRESS	8120 NW 74TH ST	
CITY-ST-ZIP	MEDLEY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, RICARDO	
STREET ADDRESS	P. O. Box 831675	
CITY-ST-ZIP	MIAMI, FLORIDA 33283	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, BLANCA	
STREET ADDRESS	P. O. Box 831675	
CITY-ST-ZIP	MIAMI, FLORIDA 33283	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, RICARDO JR.	
STREET ADDRESS	P. O. Box 831675	
CITY-ST-ZIP	MIAMI, FLORIDA 33283	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2000 (305) 823-1722
 Date Daytime Phone #

CR20034 (9/99)