2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # 483772** DADE CONCRETE PUMPING, INC. 2-28-2001 90135 026 ***150.00 Principal Place of Business Mailing Address C/O GILBRIDE. HELLER & BROWN, PA C/O GILBRIDE, HELLER & BROWN, PA 2 SOUTH BISCAYNE BLVD. 2 SOUTH BISCAYNE BLVD. MIAM! FL 33131 **MIAMI FL 33131** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1717572 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HELLER, LAWRENCE R. Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, SUITE 1946 2 SOUTH BISCAYNE BLVD. **MIAMI FL 33131** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Change ☐ Addition ☐ Delete TITLE GONZALES, RICARDO NAME NAME 8120 NW 74TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEDLEY, FL 0 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE GONZALEZ, BLANCA NAME NAME 8120 NW 74TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEDLEY, FL 0 Change Addition ☐ Delete TITLE TITLE GONZALEZ, RICARDO J NAME NAME 8120 NW 74TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEDLEY FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE GONZALEZ, RICARDO NAME NAME PO BOX 831675 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33283** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE GONZALEZ, BLANCA NAME NAME PO BOX 831675 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33283 CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE GONZALEZ, RICARDO JR NAME NAME PO BOX 831675 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33283 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 AND IMPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2001

(305) 823-1722

заукле инопе и

FILED