

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 555614**

1. Entity Name

BROTHERS CONCRETE PUMPING SERVICE, INC.**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90084 033 ***150.00

Principal Place of Business

1900 NW 22 STREET
P.O. BOX 476
FT. LAUDERDALE FL 33302
US

Mailing Address

P O BOX 476
P.O. BOX 476
FT. LAUDERDALE FL 33302
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1818015**

Applied For

Not Applicable

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

MERSON, STEVEN
1900 NW 22 STREET
FT. LAUDERDALE FL 33302

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 State10. 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	<input type="checkbox"/> Delete
	P			
	MERSON, PAUL			
	4431 COUNTRY CLUB CIRCLE			
	PLANTATION FL			
	V			
	MERSON, LINDA			
	4431 COUNTRY CLUB CIRCLE			
	PLANTATION FL			
	ST			
	MERSON, STEVE			
	1511 PONCE DE LEON DR.			
	FT. LAUDERDALE FL			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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

Date

Daytime Phone #

CR2E034 (10/00)