

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90140 001 *****8.75
 05-11-2000 90140 002 ***150.00

DOCUMENT # F11311

1. Entity Name

AMARALTO CONCRETE PUMP INC.

Principal Place of Business

1451 NW 129TH AVE.
 MIAMI FL 33182

Mailing Address

8580 SW 27TH TERRACE
 MIAMI FL 33155-2310

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2045867

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LLIZO, MARIA ELENA
280 NW 129TH AVE.
MIAMI FL 33182

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LLIZO, ANGEL A	
STREET ADDRESS	280 NW 129TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LLIZO, MARIA	
STREET ADDRESS	280 NW 129TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LLIZO, ALEXIS	
STREET ADDRESS	280 N.W. 129TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLizo Amado	
STREET ADDRESS	280 N.W. 129 Ave	
CITY-ST-ZIP	Miami, Fla. 33182	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLizo Armando	
STREET ADDRESS	280 NW 129 Ave	
CITY-ST-ZIP	Miami, Fla. 33182	
TITLE	VP/IT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLizo Alexis	
STREET ADDRESS	280 NW 129 Ave	
CITY-ST-ZIP	Miami, Fla. 33182	
TITLE	EVP/IS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLizo Maria E.	
STREET ADDRESS	280 NW 129 Ave	
CITY-ST-ZIP	Miami, Fla. 33182	
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

Angel A. Llizo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL A. LLIZO-PRESIDENT 04/24/2000 (305)553-0200

Date

Daytime Phone #

CR2000A (0/00)