

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20141

1. Entity Name  
HOMESTEAD CONCRETE & DRAINAGE, INC.

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90073 039 \*\*\*150.00

Principal Place of Business  
209 S.W. 4TH AVE.  
P.O. BOX 1273  
HOMESTEAD FL 33090

Mailing Address  
209 S.W. 4TH AVE.  
P.O. BOX 1273  
HOMESTEAD FL 33090

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-2069390**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CORDERO, ALFREDO**  
**29320 SW 205 AVE**  
**HOMESTEAD FL 33030**

## 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, 2002 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  
NAME **DP CORDERO, ALFREDO** ☐ Delete  
STREET ADDRESS **29320 SOUTHWEST 205 AVENUE**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE  
NAME **V.P. George Roumaine** ☐ Delete  
STREET ADDRESS **13730 SR. 84 # 142 A**  
CITY-ST-ZIP **Davie, FL 33325**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **V.P. George Roumaine** ☐ Change ☐ Addition  
STREET ADDRESS **13730 SR 84 # 142**  
CITY-ST-ZIP **Davie, FL 33325**

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

01/1/2002 11:11 AM

CR2E034 (9/01)