## 2001 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # F97369**

1. Entity Name

B & W CONCRETE PUMPING SERVICE, INC.

## FILED Apr 10, 2001 8:00 am Secretary of State 04-10-2001 90014 029 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME							<u> </u>				
Sure, Apt #, etc.  City & State  City & Stat	7610 NW THI	RD STREET		7610 NW THIRD STREET	24-7008		AND THE STATE OF T	System UU Comment of the			
Sure, Apt #, etc.  City & State  City & Stat			· ·	• • • •			1.0000000000000000000000000000000000000			1401 <b>413</b> 01 <b>4</b> 1	ari duri dan
City & State  Country  S. Certificate of Status bearindsea Requiredsea Requ	2. Principal	Place of Business									
Second Price   Seco	Suite, Ap	t. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Security   Security   Security   Security   Security   Securiticate of Status Desired   S8,75 Action on Fee Required   S6,75 Action on Fee Required   S6,	City & Sta	ite		City & State			59-2239945				
Street Address of New Registered Agent  MENDENHALL, EDGAR R. 14001 N.W. 20 COURT  OPA LOCKA FL 33054  City FL Zip Code  This corporation is eligible to satisfy its intangible Tax Ring requirement and elects to do so.  After MAY 1,2000 F. Septimble 38300 F.  Tax Ring requirement and elects to do so.  After MAY 1,2000 F. Septimble 38300 F.  After MAY 1,2000 F.  After MAY 1,2	Zip	Country		Zip Count		у	5. Certificate of Status Des		\$8.75 Additional		
MENDENHALL, EDGAR R. 14001 N.W. 20 COURT OPA LOCKA FL 33054  City FL Zip Code  City FL Zip Code  City FL Discontrollary is Not Acceptable)  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.  S CNATURE  SCONATURE  SUPPLY, Noted or printed when or agains and least a spiticable of Sastisfy its intangible from a sitighted to sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible from a sitient property in the sastisfy its intangible fro		6 Name and	Address of Current	Registered Agent	1	·	7 Name and A	ddraee of New De			<del></del>
14001 N.W. 20 COURT OPA LOCKA FL 33054  City FL Zip Code  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  Signatur, beed or printed name of rigitated agent and tise if explicable.  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria or back).  10. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. DEBET ADDRESS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. DEBET ADDRESS  17. OFFICERS  18. DEBET ADDRESS  18. OFFICERS AND DIRECTORS  18. DEBET ADDRESS  18. OFFICERS AND DIRECTORS  19. DEBET ADDRESS  10. OFFI		o. Hame and	Address of Carrent	negistered Agent		Name	- Name and A	·	gistered Ag		
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, byes or printed name of registered agent and title if applicable.   (NOTE Registered Apent signature required sente remarkating)   DATE     1	140	01 N.W. 20 COU	RT	-							
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax Riling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE MENDENHALL, EDGAR R 7610 NW THIRD STREET  OITY-ST-2P  PEMBROKE PINES, FL 00000  TITLE  MAKE  MENDENHALL, EDGAR R 7610 NW THIRD STREET  OITY-ST-2P  PEMBROKE PINES, FL 00000  TITLE  MAKE  MENDENHALL, EDGAR R 7610 NW THIRD STREET  OITY-ST-2P  PEMBROKE PINES, FL 00000  TITLE  MAKE  SIREET ADDRESS  CITY-ST-2P  TITLE  MAKE  SIREET ADDRESS  CITY-ST-2P  TITLE  MAKE  SIREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MAKE  SIREET ADDRESS  CITY-ST-2P  TITLE  C Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  C Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  C Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  C Change  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	UP.	LOUNA FL 330			-	City	<del>.</del>		FL	Zip Cod	fe
Tax filing requirement and elects to do so. (See criterion on back)  After MAY'1,2000; Fee will bold \$550.00  Make Check Payable to Department of State  Trust Fund Contribution.  Trust Fund Contributi	SIGNATURE	Signature, typed or print	ed name of registered agent a	1	7955		when reinstating)		DATE		
ITILE NAME NAME NAME NAME NAME NAME NAME NAM	Tax filing ( See crite	requirement and el	ects to do so.	After MAY 1,22 Make Check Paya	000)Fee(w ble to)De	IIIbø\$550.00 *	Trust	Fund Contribution.		Adde	d to Fees
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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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗘

04/02/01

305-685-2187

Daytime Phone #