## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9900001828 Jun 09, 2000 8:00 am **Secretary of State** UNIQUE CONCRETECHNOLOGIES, INC. 06-09-2000 90016 010 \*\*\*158.75 Mailing Address Principal Place of Business 1001 NO. FEDERAL HIGHWAY. #328 1001 NO. FEDERAL HIGHWAY. #328 HALLANDALE FL 33009-2425 HALLANDALE FL 33009 3. Mailing Address 2. Principal Place of Business 2520 Schmeder 10060 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 101 Applied For City & State 4. FEI Number 75-2619071 antation Not Applicable Dallas \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE TAYLOR, MARK D NAME NAME STREET ADDRESS STREET ADDRESS 10060 NW 5TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Change ☐ Addition TITLE TITLE ☐ Delete Taylor, CindyL. 12520 Schroeder Rd, \$101 TAYLOR, CINDY L NAME NAME STREET ADDRESS STREET ADDRESS 10060 NW 5TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition Change ☐ Delete TITLE NAME ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 appowered.

SIGNATURE:

MATURE AND TXPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

(972)(2699442

Daytime Phone #