

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90072 007 \*\*\*158.75

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** J56967

**1. Entity Name**

C.B. BROWN CEMENT FINISHING CO., INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
2330 NW 154th Street

Suite, Apt. #, etc.

**3. Mailing Address**  
2330 NW 154th Street,

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Opa Locka, FL

City & State  
Opa Locka, FL

**4. FEI Number** 59-2769747

Applied For  
Not Applicable

Zip 33054

Country USA

Zip 33054

Country USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
BROWN, CURNIS

Street Address (P.O. Box Number is Not Acceptable)  
2330 NW 154th Street

City  
Opa Locka

FL Zip Code  
33054

**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** *Curnis Brown*

CURNIS BROWN, Reg. Agent

04/29/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing.)

(DATE)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
Brown, Curnis  
2330 NW 154th Street,  
Opa Locka, FL 33054

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Curnis Brown* Curnis Brown, President

04/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Dating Place

CR2E034B (12/01)