## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000004641						
1. Entity Name FLOAT-CRETE SYSTEMS. LLC				FILED		
				• • • • • • • • • • • • • • • • • • • •		
Principal Place	e of Business	Mailing Address	•	OIFEBIS AMII: 05		
417 WEST RIVER ROAD PALATKA FL 32177 PALATKA FL 32177 PALATKA FL 32177				SECRETAR' TALLAHASS	Y OF STATE	
1 Section 12 de l'Alle 12 de l'				IALLAHASS	EE, FLUKIUA Marka arak arah darah	
2. Deleginal Place of Decision						
2. Principal Place of Business 4/12 West River Rd. 5. Mailing Address 4/12 West River Rd. 6. West River			ver Rd.	* 10051015 011 00111 00111 00111		
Suite, Apt. #, etc. Suite, Apt. #, etc.		,	DO NOT WRIT	TE IN THIS SPACE		
City & State	City & State Polotks, FL City & State Polotks		e, FL	4. FEI Number Applied For Not Applicable		
Zip 32/		Zip 2/7.7	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
COPPORA	TION CEDVICE COMPANY			Bonnie C. Bird-Loeffice		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			÷			
			City P	oletke	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 CONNIG S. Buid-Loeffley Bonnie L. Bird-Loeffler 2-11-01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State						
9.	MANAGING MEMBER		10.	ADDITIONS/	CHANGES	
TITLE	president Federico Loch	Delete Delete	TITLE NAME		☐ Change ☐ Addition   §	
STREET ADDRESS	Lojo 1/8 Mexico 01900		STREET ADDRESS	<b>-02/19</b>	<b>70851</b> 38   3 /0101004015     3	
CITY-ST-ZIP TITLE	ACKICO OTTO	CCC Delete CEO	C!TY-ST-ZIP TITLE	****	55.00 *****55.00 }	
NAME	Av. del Bosque J	Cur 915-706	NAME		C change — Accessor   C	
STREET ADDRESS CITY-ST-ZIP	Providencia Santizgo 6650	7-68 chile	STREET ADDRESS CITY-ST-ZIP			
TITLE	DIRECTOR OF Q	valits □ Defete €.	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	110 May fair	_	NAME STREET ADDRESS			
CITY-ST-ZIP	Dr. Kenneth Ma Av. del Bosque d Providencia Sentiago 6650 DIRECTOL OF Q BILL BIRD 110 May fair Aliso Vicjo, CA	92656	CITY-\$T-ZIP			
TITLE NAME	Bonnie L. Bird- Agent 417 West River Palatha, FL	Coc//Zc Delete 150	TITLE NAME	•	☐ Change ☐ Addition	
STREET ADDRESS	417 west River	. Rd.	STREET ADDRESS	g*		
CITY-ST-ZIP	Palatus, FC.	Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME		believe	NAME	$\mathcal{M}$	John Sign III - Marine	
STREET ADDRESS CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP	- 11		
TITLE 3		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME : STREET ADDRESS	:		NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		\	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the						
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: BONNE S. SUNT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devicing Phone #						