

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90005 008 ****55.00

DOCUMENT # L01000009560

1. Entity Name

CONCRETE & METAL GROUP, L.L.C.

Principal Place of Business

**1320 SOUTH DIXIE HIGHWAY
 SUITE 450
 CORAL GABLES FL 33146**

Mailing Address

**1320 SOUTH DIXIE HIGHWAY
 SUITE 450
 CORAL GABLES FL 33146**

2. Principal Place of Business

7270 NW 12TH STREET

3. Mailing Address

7270 NW 12TH STREET

Suite, Apt. #, etc.

760

Suite, Apt. #, etc.

760

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

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

**EDELMAN, STUART J ESQ.
 1320 SOUTH DIXIE HIGHWAY
 SUITE 450
 CORAL GABLES FL 33146**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 DIAZ TORRES, RHADAMES
 CALLE LIMONE #7 LOS RIOS
 SANTO DOMINGO REPUBLICA DOMI** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 BARGES, JUAN GUMMA
 CALLE VICO 29, ALIZO 2DO
 BARCELONA SPAIN** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MEJIA, RAFAEL
 7420 WEST 20TH AVE. #335
 HIALEAH FL 33016** ☐ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

25 JUN. 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)