

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2000 08:00 AM
Secretary of State

DOCUMENT # L95000000114

1. Entity Name
FIBRECRETE OF FLORIDA L.C.

Principal Place of Business
221 SW 14TH CT
FT. LAUDERDALE FL 33315

Mailing Address
P.O. BOX 165563
FT. LAUDERDALE FL 33316

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
221 SW 14TH CT
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL

Zip
33315

Country

4. FEI Number
65-0610274

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EZZO THOMAS E
4792 N.W. 66TH AVE.
FT. LAUDERDALE FL 33319 US

7. Name and Address of New Registered Agent

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 _____ DATE 04/10/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRV ☐ Delete
NAME EZZO THOMAS E
STREET ADDRESS 1792 N.W. 66TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE MGRM ☐ Delete
NAME WILLIS GORDON AJR.
STREET ADDRESS 600 GERMANN HIGHWAY
CITY-ST-ZIP CULPEPER VA 22701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME EZZO THOMAS E
STREET ADDRESS 1792 N.W. 66TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.