

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L95000000114

FILED  
Apr 24, 2003  
Secretary of State

Entity Name: FIBRECRETE OF FLORIDA L.C.

## Current Principal Place of Business:

221 SW 14TH CT  
FT. LAUDERDALE, FL 33315

## New Principal Place of Business:

## Current Mailing Address:

221 SW 14TH CT  
FT. LAUDERDALE, FL 33315

## New Mailing Address:

FEI Number: 65-0610274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: HOLBACH, KEITH  
Address: 14000 S.W.21ST ST.  
City-St-Zip: DAVIE, FL 33325 US

Title: MGRM ( ) Delete  
Name: EZZO, THOMAS E  
Address: 1792 N.W. 66TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33319 US

Title: MGRM ( ) Delete  
Name: EZZO, MARK T VP  
Address: 4792 N.W. 66TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33319 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS E.EZZO

MGRM

04/24/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date