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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L97000**

1. Corporation Name

PETROZELLA CONCRETE, INC.

FILED
Apr 20, 1999 8:00 am
Secretary of State
04.20.1000.00273.022.***150.00



	e of Business	Mailing Address				
629-NE 3RD ST	•	- 629-NE-SRD-ST				
DANIA FE 5300	‡	-DANIA FE 33004		DO NOT WRITE IN TH	IS SDACE	
- 03 -		- 05 -		3. Date Incorporated or Qualifed	IS SPACE	
				08/29/1990		}
Drive along D	In an of Puninger	2a. Mailing Address .		4. FEI Number	Appli	ied For
	lace of Business	Za. IMailing Address	nont cf	65-0223247		Applicable
21 <u> </u>	# off	26 3 VAK /1 Suite, Apt. #, etc.	<u> </u>		\$8.75 Ad	
—	#, etc.	⊢		5. Certifcate of Status Desired	Fee Requ	
City P State		City & State		e Florting Compaign Financing	\$5.00 M	
City & State	m Const		COAST	6. Election Campaign Financing Trust Fund Contribution	Added to	
23 + A 1	Country	Zip	Country	8. This corporation owes the current year		
24 23	127 E FlAgler		FIASIST	Personal Property Tax.		<u></u> 1√0
24 00	9. Name and Address & Current	·		10. Name and Address of New Registere	ed Agent	
	5. Hame and Address Goodment	realister on UResit	81 Name	10.		
PFT	ROZELLA, JOSEPH, III					
_2050		7-	82 Street Addr	ress (Pr.O. Box Number is NorAcceptable)		İ
7000	1010 E 99991		83 - こ '	Varinon / C		
77 (191	PIED OF TOOLE	•				
	,		84 City	Cost F	85 Zip Co	ode
			P6	alm Chai	L 승규)	ച
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its re pointment as regis	egisterea stered
agent. I a	egistered agent, or both, in the state of medical managers and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.	0110 20012 01 2110010012 1 1 1 1 1 1 1 1		
SIGNATURE						\
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature require			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	PETROZELLA, JOSEPH		1.2 NAME	- (+ 0)		}
STREET ADDRESS	629 NE SRD ST		1.3 STREET ADDRESS	PAIM COAST FL		
CITY-ST-ZIP	DANIA FL 33004		1,4 CITY-ST-ZIP	NAIM CARCT VI	つくしょつ	
TITLE ,	DP				<u> </u>	
'		☐ DELETE	2.1 TITLE	ANIM CONST.	Change	Addition
NAME	l =	☐ DELETE	2.1 TITLE 2.2 NAME	TA CONSTITUTE	Change	Addition
· · · · · · · · · · · · · · · · · · ·	PETROZELLA, JOSEPH, III	DELETE		3 OALMONT CA	Change	Addition
STREET ADDRESS	PETROZELLA, JOSEPH, III 829 NE 3RD ST	DELETE	2.2 NAME 2.3 STREET ADDRESS	3 OAEMONT CT. DAIM COAST FL	AChange 3213°	Addition
STREET ADDRESS	PETROZELLA, JOSEPH, III	DELETE	2.2 NAME	3 OAEMONT CA. PAIM COAST, FL	Change	Addition Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a meddress, with all other like empowered.

Daytime Phone #