

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90013 011 ***158.75

DOCUMENT # M43603

1. Entity Name
GENERAL CONCRETE & READY MIX, CORPORATION

Principal Place of Business 9409 N.W. 109 ST MEDLEY FL 33178	Mailing Address 9409 N.W. 109 ST MEDLEY FL 33178 1224
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 10505 W. Okeechobee Rd Suite, Apt. #, etc. Suite #101 City & State Hialeah Gardens, Fl Zip 33018	Country MIAMI-DADE
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2752155	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVAREZ, JUAN 10440 NW 132 STREET HIALEAH GARDENS FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, JUAN		NAME	
STREET ADDRESS 10440 NW 132 STREET		STREET ADDRESS	
CITY-ST-ZIP HIALEAH GARDENS FL		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, JUAN C.		NAME	
STREET ADDRESS 10210 NW 130 STREET		STREET ADDRESS	
CITY-ST-ZIP HIALEAH GARDENS FL		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, NEREIDA B.		NAME	
STREET ADDRESS 10440 NW 132 STREET		STREET ADDRESS	
CITY-ST-ZIP HIALEAH GARDENS FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan C. Alvarez **Juan C. Alvarez V/Pres 03/25/00 305-512-3400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)