

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 019 ***158.75

DOCUMENT # M62137

1. Entity Name
BARREIRO CONCRETE CORPORATION

Principal Place of Business
25440 S.W. 140 AVE
PRINCETON FL 33032
US

Mailing Address
25440 S.W. 140 AVE
PRINCETON FL 33032
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0012126

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARREIRO, AMERICO
15440 S.W. 140 AVE
PRINCETON FL 33032

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PST
NAME BARREIRO, AMERICO
STREET ADDRESS 25110 S.W. 212 AVE
CITY-ST-ZIP HOMESTEAD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BARREIRO, AMERICO
STREET ADDRESS 25110 S.W. 212 AVE
CITY-ST-ZIP HOMESTEAD FL

TITLE
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20014 15/001



Attachment
M 02137
DU 77860

Page 2 of 2
25440 S.W. 140 Avenue
Princeton, Florida 33032
Phone: (305) 258-7004
Fax: (305) 258-1030

Miami, Florida
July 12, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
Tallahassee, Florida 32314

RE: 65-0012126

Gentlemen:

Enclosed please find check No. 120038 in the amount of \$70.00 (\$61.25 for the Annual Report for 2000+ \$8.75 for a hard copy of the certificate).

I am kindly requesting that the penalty of \$400.00 be waived, as per telephone conversation with Mr. Andy of the Division of Corporation, we did not receive any other notice before this one.

I am making a note, that the Annual report is due before every month of May, and if we do not receive the Report, to call your office requesting it for next year.

Thanking in advance for your help in this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mariana R. Molina', is written over a circular stamp.

MARIANA R. MOLINA

BARREIRO CONCRETE COPORATION

ENCLOSURES (as indicated)