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2002 UNIFORM BUSINESS REPORT (UBR)

M68657

DOCUMENT #

SIGNATURE:

Jan 08, 2002 8:00 am Secretary of State 01-08-2002 90025 043 ***158.75 R & R CONCRETE, INC. Principal Place of Business Mailing Address % ERNEST A. REINA % FRNEST A. REINA 4498 S.E. ROARING BROOK WAY. 4498 S.E. ROARING BROOK WAY STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0032625 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REINA, ERNEST A. Street Address (P.O. Box Number is Not Acceptable) 4498 S.E. ROARING BROOK WAY STUART FL 34997 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. -/ OFFICERS AND DIRECTORS 12. Change ☐ Addition (9/01) TITLE ☐ Delete TITLE REINA, ERNEST A. NAME NAME 4498 ROARING BROOK WAY STREET ADDRESS CR2E034 STREET ADDRESS STUART FL CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tanda Ngangaya Posa. TITLE Change ☐ Addition TITLE Delete NAME RICKA, FRAZSE J STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP

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.