

2002 UNIFORM BUSINESS REPORT (UBR)

0007376

DOCUMENT # N99000004038

1. Entity Name

MIAMI-DADE LIMESTONE PRODUCTS ASSOCIATION, INC.

FILED

02 OCT 23 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131	Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-0663819	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

PAYNE, WILLIAM J
11211 PROSPERITY FARMS ROAD
SUITE B-106
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W J Payne* DATE 9-18-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	KIRKMYER, CLIFF
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	ST HURLEY, JIM
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	D WATSON, KARL
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	D VECELLIO, LEO
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	D JOHNSON, HARDY
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	D BAKER, JOHN
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000
CITY-ST-ZIP	MIAMI FL 33131

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100008829191
STREET ADDRESS	11/06/02--01068--008 **236.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT *DL*
TS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Baker* **REQUIRED**

9-18-02

CR2E037 (4/02)