Daytime Phone #

Date

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am secretary of State P00000000887 DOCUMENT # 1. Entity Name 04-17-2002 90096 036 ***150 00 J.L.C. CONCRETE CORPORATION Principal Place of Business Mailing Address 9136 GRAND CANAL DRIVE 9136 GRAND CANAL DRIVE MIAM! FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address 3952 SW 136 Avenue 3952 SW 136 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0981024 Not Applicable Minni MIAMI Country Country \$8.75 Additional 5. Certificate of Status Desired UJA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CUETO, JOSE L Street Address (P.O. Box Number is Not Acceptable) 9136 GRAND CANAL DRIVE 3952 SW 136 Avenue MIAMI FL 33174 ~City Miami 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criterla on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. 4 - Will W. F. .. OFFICERS AND DIRECTORS TITLE TITLE Delete CUETO, JOSE L NAME NAME 3952 SW 136 Avenue 9136 GRAND CANAL DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33/75 MIAMI FL 33174 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE Delete 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-ZIE TITLE Change ☐ Addition TITLE ☐ Delete 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.