

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

03-30-2001 90345 037 ***150.00
 09-17-2001 90148 023 ***550.00

DOCUMENT # P00000066767

1. Entity Name
DI'S CONCRETE AND MASONRY, INC.

Principal Place of Business 1428 BRICKELL AVE. PENTHOUSE MIAMI FL 33131	Mailing Address 1428 BRICKELL AVE. PENTHOUSE MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4901 N.W. 17TH WAY #206	3. Mailing Address 4901 N.W. 17TH WAY #206
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL	4. FEI Number 65-1022492	Applied For <input type="checkbox"/> Not Applicable
Zip 33309	Country BROWARD	Zip 33309	Country BROWARD

6. Name and Address of Current Registered Agent LAWRENCE, DAVID R 1428 BRICKELL AVE, PENTHOUSE MIAMI FL 33131	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 David R. Lawrence DATE 9-11-01
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 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GALLIONE, DIANE	NAME	
STREET ADDRESS	422 SONORA LN	STREET ADDRESS	
CITY-ST-ZIP	SICKLERVILLE NJ 08081	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	
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: DIANE GALLIONE DATE: 9-11-01 (954) 771-2041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, Daytime Phone #

CR2E034 (5/01)