


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90111 034 ***150.00

DOCUMENT # P0000067510

1. Entity Name
A-1 ON SITE CONCRETE, INC



Principal Place of Business
17779 SW 140TH COURT
MIAMI FL 33177

Mailing Address
17779 SW 140TH COURT
MIAMI FL 33177

2. Principal Place of Business
4664 E 9th Lane

3. Mailing Address
P. O. Box 120506

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Miami, FL

Zip
33013

Country
Dade

Zip
33172

Country
Dade

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1023932**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DE LEON, OSVALDO G
17779 SW 140TH COURT
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name **Osvaldo G. deleon**

Street Address (P.O. Box Number is Not Acceptable)
4664 E 9th Lane

City **Hialeah** FL Zip Code **33172**

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  **R/A** DATE **2/19/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2003, Fee will be \$550.00~~

Make Check Payable to Florida Department of State

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


10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DE LEON, OSVALDO G	17779 SW 140TH COURT	MIAMI FL 33177	<input type="checkbox"/>
V	DE LEON, CARIDAD	17779 SW 140TH COURT	MIAMI FL 33177	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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:  **SIGNATURE REQUIRED** DATE **2/19/03** DAYTIME PHONE # **305-436-3060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)