

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90164 033 ***150.00

DOCUMENT # P00000082025

1. Entity Name
BEAUTIFUL CONCRETE OF AMERICA, INC.



Principal Place of Business
**20401 NORTHWEST 2ND AVENUE
SUITE 106
MIAMI FL 33169**

Mailing Address
**20401 NORTHWEST 2ND AVENUE
SUITE 106
MIAMI FL 33169**



2. Principal Place of Business
**1868 N. UNIVERSITY DR
Suite, Apt. #, etc.
#100**

3. Mailing Address
**1868 N. UNIVERSITY DR
Suite, Apt. #, etc.
#100**

☐ CHECK HERE IF MAKING CHANGES

City & State
PLANTATION FL
Zip
33322
Country
USA

City & State
PLANTATION FL
Zip
33322
Country
USA

4. FEI Number
65-1035469

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
BRIAN POVLON
Street Address (P.O. Box Number is Not Acceptable)
1868 N. UNIVERSITY DR #100
City
PLANTATION FL Zip Code
33322

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD ☐ Delete
NAME
POVLON, BRIAN R
STREET ADDRESS
20401 NORTHWEST 2ND AVENUE
CITY-ST-ZIP
MIAMI FL 33169

TITLE
PRESIDENT ☒ Change ☐ Addition
NAME
BRIAN POVLON
STREET ADDRESS
1868 N. UNIVERSITY DR #100
CITY-ST-ZIP
PLANTATION, FL 33322

TITLE
VP ☒ Delete
NAME
VERONA, SHARI
STREET ADDRESS
5021 FULTON AVENUE
CITY-ST-ZIP
SHERMAN CA 91423

TITLE
VP, Secy, TREASURER ☐ Change ☒ Addition
NAME
LAWRENCE COHEN
STREET ADDRESS
1868 N. UNIVERSITY DR
CITY-ST-ZIP
PLANTATION, FL 33322

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-03 754-693-7777

CR2E034 (10/02)