## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 02, 2001 8:00 am DOCUMENT # P0000084256 **Secretary of State** PEDRO'S CONCRETE PUMPING CORP. 02-01-2001 90139 036 \*\*\*150.00 Mailing Address Principal Place of Business 1350 UTE ST. 1350 UTE ST. LA BELLE FL 33935 LA BELLE FL 33935 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe City & State City & State -1034968 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired --- [] 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAIREZ, PEDRO Street Address (P.O. Box Number is Not Acceptable) 1350 UTE ST. LA BELLE FL 33935 Zip Code 6. 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent eignature 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; 2001-Fee will be \$550.00-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Defete TITLE ☐ Change Addition TITLE CHAIREZ, PEDRO NAME NAME 1350 UTE ST. STREET ADDRESS STREET ADORESS LA BELLE FL 33935 CITY-ST-7IP CITY-ST-7IP Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Addition TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 eath; 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. Daytime Phone #

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