

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90030 014 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000084256
 1. Entity Name
Pedro's Concrete Pumping Corp.

427637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1350 Ute Street
 Suite, Apt. #, etc.

3. Mailing Address
1350 Ute Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
La Belle, FL

City & State
La Belle, FL

Zip
33935 Country USA

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33935 Country USA

4. FEI Number 65-1034968

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Pedro Chaires

Street Address (P.O. Box Number is Not Acceptable)
1350 Ute Street

City La Belle FL Zip Code 33935

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$6125
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PO Pedro Chaires 1350 Ute Street La Belle, FL 33935</u>
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered

SIGNATURE: Pedro Chaires
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 Mar 02 941.219.3140
 Date Daytime Phone #

CR2E034B (12/01)