2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P00000104355 MP FINISHING CONCRETE, INC. 04-05-2001 90096 012 ***150.00 Mailing Address Principal Place of Business 1582 NE 175 STREET 1582 NE 175 STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, LUIS V Street Address (P.O. Box Number is Not Acceptable) 1582 NE 175 STREET NORTH MIAMI BEACH FL 33162 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE Delete TITLE MARTIN, LUIS V NAME NAME 1582 NE 175 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP ■ Addition - Change Delete TITLE PUENTE, ARIEL NAME NAME **6146 WEST 14 COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME 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-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental report the perpendicular of the perpendicul of the corporation or the receiver or changed, or on an attachment with th all other like empowered.

NING OFFICER OR DIRECTOR