

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90114 031 ***158.75

DOCUMENT # P00000104355

1. Entity Name
MP FINISHING CONCRETE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1582 N.E. 175 Street
Suite, Apt. #, etc.
NO

3. Mailing Address
1582 N.E. 175 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
N. MIAMI BEACH FL

City & State
N. MIAMI BEACH FL

Zip
33162 Country

Zip
33162 Country

4. FEI Number
65-1053737

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

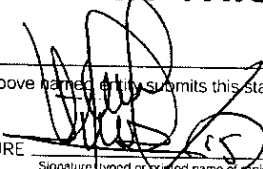
7- Name and Address of Current Registered Agent

Name
MARTIN, LUIS V.

Street Address (P.O. Box Number is Not Acceptable)
1582 NE 175 Street

City
N. MIAMI BEACH FL Zip Code
33162

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)

4/22/02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements 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 \$61.25
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	PD MARTIN, LUIS V. 1582 NE 175 Street N. MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUNTE ARIEL (SD) 14949 SW 93RD STREET MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 of the above empowered.

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

4/22/02 305(940-6795)
Date Daytime Phone #

CR2E034B (12/01)