

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90167 039 ***150.00

DOCUMENT # P01000014890

1. Entity Name
BISESI STAMPED CONCRETE, INC.



Principal Place of Business
19995 NE 10TH PLC WAY
NORTH MIAMI FL 33179

Mailing Address
19995 NE 10TH PLC WAY
NORTH MIAMI FL 33179



2. Principal Place of Business

3. Mailing Address

220 SW 5 ST

220 SW 5 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

DAWIA, FL 33004

City & State

DAWIA FL

4. FEI Number 02-0579119

Applied For

Not Applicable

Zip

Country

Zip

Country

33004

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISESI, DAMIAN
19995 NE 10TH PLC WAY
MIAMI FL 33179

Name

DAMIAN BISESI

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

220 SW 5 ST

City

DAWIA

FL

Zip Code

33004

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

DAMIAN BISESI

PRES.

(NOTE: Registered Agent signature required when reinstating)

1-25-03

DATE

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 **DP** ☐ Delete
NAME **BISESI, DAMIAN**
STREET ADDRESS **2437 TORTUGAS LANE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME **220 SW 5 ST**
STREET ADDRESS **DAWIA, FL 33004**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 #

1-25-03 (954) 854-7145

CR2E034 (10/02)