## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000019340 DOCUMENT #

1. Entity Name

A.P.T. CONCRETE REPAIRS, INC.



## **FILED** May 07, 2003 8:00 am Secretary of State

05-07-2003 90149 021 \*\*\*150.00

						WE WE							
Principal Plac	ce of Business	Mailing Address											
6532 MIAMI LAKES DR.			6532 MIAMI LAKES DR.										
MIAMI LAKES	FL 33014		MIAMI LAKES FL 33014										
												ILA ELA ILA	
2 Principal P	Place of Rusinoss		3. Maili	na Address						<b>     </b>			
2. Principal Place of Business			3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						OV LIEDE	IE NANZINIO	CHANCE		
				-				[] CHE	CK HERE	IF MAKING	CHANGES	_	
City & State			City & State				4.	FEI Number	- i / s	7	A	oplied For	
			Zip Coun					37-14	<u> </u>			ot Applicable	4
l Zip I	Zip Country				Count	iry	5. (	Certificate of Status	s Desired		\$8.75 Add		1
	6 Name and Au	dress of Courset B	t Registered Agent				7. Name and Address of New Registered Agent						4
	<u>       6. "Name and Ad</u>	aress of Current R	egistered	Agent		Name	<del></del>	Name and Addres	S OT NEW M	egistereo /	Agent		1
FAZEKAS, LASZLO													
						Street Address (P.O. Box Number is Not Acceptable)							1
6532 MIAMI LAKES DR. MIAMI LAKES FL 33014													+
MIAMI LAK	(ES FL 33014												
						City			_	FL	Zip Cod	е	1
A The above	named entity submit	e this statement for	the purpo	see of changing its	registera	d office or re	agistered an	ent or both in the	State of Flo		amiliar with	and accent	-
	tions of registered age		ine purpe	ase of changing its	registere	d Onice of R	egistered ag	ent, or dott, in the	State of 110	ilda. Tailii	airmiai witii,	and accept	
SIGNATURE .	Signature, typed or printed re	name of registered agent an	d title if appli	cable. (NOTE	- Registered	1 Agent signature	required when re	einstating)		DATE	-		
		<del></del>	1					1					1
FILE NOW!!! FEE IS \$150.00  SAfter May 1, 2003 Fee will be \$550.00								9. Election Ca	ımpaign Fin	ancing	\$5.0	<b>0</b> May Be	
- mitci			State					Trust Fund	Contribution	n. Č	Added	to Fees	
Make Check Payable to Florida Department of State  10. :/ OFFICERS AND DIRECTORS 11							۸۵	L DITIONS/CHANG	ES TO OFF	CEDS AND	DIRECTOR	Q INI 11	┦
10. ¿/	P	OFFICERS AND D	Delete Delete		11.	—— <sub>—</sub>	AD	DITIONS/CHANG	ES TO OFF	ICERS AND	Change	☐ Addition	┨;
	FAZEKAS, LASZLO	n		☐ Delete	NAME	1						Audition	
STREET ADDRESS	6532 MIAMI LAKE	S.DR.	<b>.</b>			T ADDRESS							1
	MIAMI LAKES FL					ST-ZIP							
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NAME	TOOKER, ANGELA	A P		Boile	NAME								1
STREET ADDRESS	6532 MIAMI LAKE				STREE	T ADDRESS							Ì
CITY-ST-ZIP	MIAMI LAKES FL				CITY-	ST-ZIP							
TITLE	٧			☐ Delete	TITLE						☐ Change	☐ Addition	7
NAME	CANCIO, JOSE F				NAME								
STREET ADDRESS	P.O. BOX 526406				STREE	T ADDRESS							
CITY-ST-ZIP	MIAMI FL 33152				CITY-	ST-ZIP							
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NAME	]												
STREET ADDRESS	I				■ 214FF	T ADDRESS							1

**SIGNATURE:** 

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 ampowered. 305-525-747