2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90156-027-$550.00-$550.00

FILED
03 SEP 25 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

004071 AV

DOCUMENT # P02000026797

1. Entity Name
B.B.M. CONCRETE SERVICE, INC.

Principal Place of Business	Mailing Address
4265 SW 5 TERRACE MIAMI FL 33134	4265 SW 5 TERRACE MIAMI FL 33134

2. Principal Place of Business	3. Mailing Address
2615 N. 66 AVENUE	P.O. BOX 191212
Suite, Apt. #, etc. HOLLYWOOD, FL.	Suite, Apt. #, etc. MIAMI BEACH, FL
City & State	City & State
Zip 33119 Country USA	Zip 33119 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 68-0495936 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, BERNARDO
4265 SW 5 TERRACE
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name BERNARDO MARTINEZ
Street Address (P.O. Box Number is Not Acceptable) 2615 N. 66 AVENUE
City HOLLYWOOD, FL Zip Code 33024

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 [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 $550.00
After September 10, 2003 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PST MARTINEZ, BERNARDO 4265 SW 5 TERRACE MIAMI FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BERNARDO MARTINEZ 2615 N. 66 Ave HOLLYWOOD, FL. 33024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/03)

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] 9/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #