

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90141 039 ***150.00

DOCUMENT # P02000048367

1. Entity Name
I & L PROFESSIONAL SHOTCRETE INC



Principal Place of Business
**7275 NW 2 TERRACE
MIAMI FL 33126**

Mailing Address
**7275 NW 2 TERRACE
MIAMI FL 33126**

22000357



2. Principal Place of Business

13774 SW 156 St
Suite, Apt. #, etc.

3. Mailing Address

13774 SW 156 St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

miami, FL

City & State

miami, FL

4. FEI Number

01-0678599

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

33177

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARBAN, IVAN
7275 NW 2 TERRACE
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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

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

TITLE **P** ☐ Delete
NAME **BARBAN, IVAN**
STREET ADDRESS **7275 NW 2 TERRACE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **V** ☐ Delete
NAME **LOHUIS, LUIS A**
STREET ADDRESS **7275 NW 2 TERRACE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **ST** ☐ Delete
NAME **BARBAN, EVANGELINA**
STREET ADDRESS **7275 NW 2 TERRACE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Barban, Ivan**
STREET ADDRESS **13774 SW 156 St**
CITY-ST-ZIP **miami, FL 33177**

TITLE **V** ☒ Change ☐ Addition
NAME **Lohuis, Luis A.**
STREET ADDRESS **13774 SW 156 St**
CITY-ST-ZIP **miami, FL 33177**

TITLE **ST** ☒ Change ☐ Addition
NAME **Barban, Evangelina**
STREET ADDRESS **13774 SW 156 St**
CITY-ST-ZIP **miami, FL 33177**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)