FILED
Feb 27, 2003 8:00 am
Secretary of State
02-27-2003 90166 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00042355

DOCUMENT # P02000057509

1. Entity Name
L.P.C. SHOTCRETE INC.

Principal Place of Business
122 SW 96 AVE
MIAMI, FL 33174

Mailing Address
122 SW 96 AVE
MIAMI, FL 33174

2. Principal Place of Business: 12505 SW 189th St.
Suite, Apt. #, etc.
City & State: Miami
Zip: 33177 Country: Dade

3. Mailing Address: 12505 SW 189th St.
Suite, Apt. #, etc.
City & State: Miami
Zip: 33177 Country: Dade

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0606842 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GUTIERREZ, LUIS G
122 SW 96 AVE
MIAMI, FL 33174

7. Name and Address of New Registered Agent
Name: Celio Almeida
Street Address (P.O. Box Number is Not Acceptable): 12505 S.W. 189th Street
City: Miami FL Zip Code: 33177

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 ______ DATE 2/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, LUIS G 122 SW 96 AVE MIAMI, FL 33174 X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Celio Almeida 12505 S.W. 189th Street Miami, Fl. 33177 ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Pedro R. Parrado 7400 W. 20th Avenue # 121 Hialeah, Fl. 33010 ☐ Change X 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
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

CR2E034 (10/02)

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: ______ 2/25/03 (786)256-1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #