

Amended.
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # P02000071966

1. Entity Name

Artistic Concrete USA Inc

02 SEP 30 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008201509--1

-10/04/02--01027--017

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10099 NW 89 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay # 8

City & State

City & State

Medley Florida

Zip

Country

Zip

Country

33178

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Orlando Rodriguez

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

10099 NW 89 AVE

Bay # 8

City

Medley

FL

Zip Code

33178

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Orlando Rodriguez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/26/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President / Director
Orlando Rodriguez
10099 NW 89 AVE #8
Medley Florida 33178

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Secretary / Director
Roberto Tomba
10099 NW 89 AVE #8
Medley - Florida 33178

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like employed.

SIGNATURE:

Orlando Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/02

Date

Daytime Phone #

CR060345 (12/01)