2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000071966 **DOCUMENT #**

1. Entity Name

ARTISTIC CONCRETE USA INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90070 012 ***150.00

					GOD WE THE						
Principal Place of Business 10099 NW 89 AVE BAY #8 MEDLEY FL 33178		100 BA)	Mailing Address 10099 NW 89 AVE BAY #8 MEDLEY FL 33178					IPAJO (PBPA DBPA)	1 8 111 9 8 111 8 8	UM I dad i mānd ir	MIN DINA AMI INN
2. Principal	Place of Business	3. Mailing Address									
Suita An		1_									
Suite, Ap		Su	ite, Apt. #, etc.					HECK HERE	E IF MAKII	NG CHANGE	ES .
City & Sta	ate	City & State			4. FEI Number APPLIED FOR Applied						
Zip	Country	Zip		Countr	Country		22 - 2 ate of Sta	atus Desired	<i>12</i>	\$8.75 A	Not Applicable dditional
	6. Name and Address of Current	Register	ed Agent	<u> </u>		7. Name s	and Add	ess of New	_	Fee Requi	red
					Name -	· · · · · · · · · · · · · · · · · · ·		ess of New	negistere	a Agent	
	uez, orlando			-	Ctroot Add/	(P.O. Box Number is Not Acceptable)					
	W 89 AVE			İ	Sireet Address (P.O. Box Nun	nber is N	ot Acceptabl	e)		
BAY #8				Ţ							· "
- MEDLEY	FL 33178			F	City					■ Zip Co	
8 The above	nomed entity outprite this same				•				F	L '	
the obliga	e named entity submits this statement fo tions of registered agent.	r the purp	oose of changing its	s registered	foffice or register	red agent, or l	both, in th	ne State of Fl	orida. Lan	n familiar with	n, and accept
CIONIATURE											
SIGNATURE	Signature, typed or printed name of registered agent a	and title if app	plicable. (NOT	rE: Registered /	Agent signature required	when reinstating)			DATE		
F	ILE NOW!!! FEE IS \$150.00			·	,=1	- -					
Afte	r May 1, 2003 Fee will be \$550.00		1					Campaign Fi		\$5.	00 May Be
Make Check	k Payable to Florida Department of	State					Trust Fun	d Contributio	on.	☐ Adde	ed to Fees
10.	OFFICERS AND	DIRECTO	RS	11.		ADDITION		GES TO OFF	FICERS AN	ID DIRECTO	RS IN 11
TITLE	PD PODDICUEZ ODLANDO		☐ Delete	TITLE						☐ Change	Addition
name Street address :	RODRIGUEZ, ORLANDO 10099 WN 89 AVE #8			NAME							
CITY-ST-ZIP	MEDLEY FL 33178			CITY-S	ADDRESS						
TITLE .	SD		☐ Delete	TITLE					- -		
NAME	TOMBO, ROBERTO		ET Delete	NAME						☐ Change	Addition
STREET ADDRESS	10099 NW 89 AVE #8			STREET	ADDRESS						
CITY-ST-ZIP	MEDLEY FL 33178			CITY-ST	- ZIP						
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS				NAME	, Donnan						··
CITY-ST-ZIP				CITY-ST	ADDRESS -7IP						
TITLE			□ Delete	TITLE		***					
IAME			L Delete	NAME	l					☐ Change	Addition
TREET ADDRESS				STREET A	ADDRESS						
CITY-ST-ZIP				CITY-ST	-ZIP						
ITLE			☐ Delete	TITLE						☐ Change	☐ Addition
TREET ADDRESS		•		NAME	DDDCC						
ITY-ST-ZIP				STREET A	I						:
ITLE			☐ Delete	TITLE	-						
AME			ET DEIGIG	NAME						Change	☐ Addition
TREET ADDRESS				STREET A							
TY-ST-ZIP				CITY_ST_	71D I						

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: _ &

SUCHALURE REQUIRED ORLANDO RODRIGUEZ