

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004296

1. Entity Name

MELVIN CONCRETE PUMPING, CORP.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90045 036 ***150.00

Principal Place of Business
9377 NW 121ST
HIALEAH GARDENS FL 33016
US

Mailing Address
9377 NW 121 ST
HIALEAH GARDENS FL 33018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0386426

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ, MELVIN
9377 NW 121 ST
HIALEAH GARDENS FL 33016

Name MARIA T DAVILA

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

9377 NW 121 Street
HIALEAH GARDENS FL 33016

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.

SIGNATURE

Maria T. Davila

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME RUIZ, MELVIN ☒ Delete
STREET ADDRESS 9377 NW 121 ST
CITY-ST-ZIP HEALEAH GARDENS FL

TITLE PSTD
NAME MARIA T DAVILA ☐ Change ☒ Addition
STREET ADDRESS 9377 NW 121 Street
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria T. Davila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

Daytime Phone #