

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90312 006 ***150.00

02/06/04 AV

DOCUMENT # P93000027351

1. Entity Name
HAMANN CONCRETE CUTTING CORPORATION

Principal Place of Business
 12388 SW 52 PLACE
 COOPER CITY FL 33330

Mailing Address
 12388 SW 52 PLACE
 COOPER CITY FL 33330

2. Principal Place of Business
 15093 SW 13 Court
 Suite, Apt. #, etc.

3. Mailing Address
 SAME
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Sunrise FL
Zip 33326 **Country** USA

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 Sunrise FL
Zip 33326 **Country** USA

4. FEI Number 65-0399872

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAMANN, K JR
 12388 SW 52 PL
 COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name HAMANN, K JR
Street Address (P.O. Box Number is Not Acceptable) 15093 SW 13 COURT
City Sunrise **FL** **Zip Code** 33326

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 Leslie Hamann Vice-President 4/10/02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HAMANN, K JR
STREET ADDRESS 12388 SW 52 PL
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 15093 SW 13 Court
STREET ADDRESS Sunrise, FL 33326
CITY-ST-ZIP

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

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NAME
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: Leslie Hamann Vice President 4/10/02 370-6545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)