

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064149

1. Entity Name

WESTERN CEMENT, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90112 033 ***150.00

Principal Place of Business

Mailing Address

2200 ELLER DR.
SUITE 204
FT. LAUDERDALE FL 33316
US

333 N NEW RIVER DRIVE, E
SUITE 500
FT. LAUDERDALE FL 33301-2241
US

2. Principal Place of Business

2455 E. SUNRISE Blvd.

3. Mailing Address

2455 E. SUNRISE Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1103

1103

City & State

Fort LAUDERDALE, FL

City & State

Fort LAUDERDALE, FL

Zip

33304

Country

US

Zip

33304

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0440150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROKSTEDT, PETER
4035 NE 34TH AVE
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name PETER KROKSTEDT

Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE Blvd.

#1103

City

Fort LAUDERDALE

FL

Zip Code

33304

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KROKSTEDT, PETER	
STREET ADDRESS	4035 NE 34TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OSTROM, PETER	
STREET ADDRESS	1746 NE 9TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33322	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAROCHE, MAX M	
STREET ADDRESS	10730 NW 14TH ST #177	
CITY-ST-ZIP	PLANTATION FL 33328	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BELIARD, FRED	
STREET ADDRESS	10817 INDIAN TRAIL	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/00 (as4) 5657875

Date

Daytime Phone #

CR2E034 (9/99)