

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009186

1. Entity Name

BOCA CONCRETE PUMPING, INC.

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90064 047 \*\*\*150.00

Principal Place of Business

Mailing Address

~~20423 STATE RD 7~~

~~20423 STATE RD 7~~

~~SUITE 115~~

~~SUITE 115~~

~~BOCA RATON FL 33408-6774~~

~~BOCA RATON FL 33408-6774~~

2. Principal Place of Business

3. Mailing Address

8829 Bella Vista Dr.

P.O. Box 880644

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 282

City & State Boca Raton, FL

City & State Boca Raton FL

Zip 33433 Country U.S.

Zip 33488-0644 Country U.S.

4. FEI Number 65-0557391

Applied For  
Not Applicable

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

REYMAN, DOROTHY  
8829 BELLA VISTA DR  
BOCA RATON FL 33433

Name

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

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

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, 2001 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 STD ☐ Delete  
NAME REYMAN, DOROTHY  
STREET ADDRESS ~~20423 STATE RD 7 SUITE 115~~ 8829 Bella Vista Dr  
CITY-ST-ZIP ~~BOCA RATON FL 33408-6774~~ 33433

TITLE ☐ Change ☐ Addition  
NAME 8829 Bella Vista Dr.  
STREET ADDRESS Boca Raton, FL 33433  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME HORNE, ALVIN  
STREET ADDRESS ~~20423 STATE RD 7 SUITE 115~~ 8829 Bella Vista Dr  
CITY-ST-ZIP ~~BOCA RATON FL~~ Boca Raton, FL 33433

TITLE ☐ Change ☐ Addition  
NAME 8829 Bella Vista Dr.  
STREET ADDRESS Boca Raton, FL 33433  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)