

# 2601 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90062 002 \*\*\*150.00

DOCUMENT # **A95000035351**

1. Entity Name

**OLMSTEAD CONCRETE, INC**

Principal Place of Business

**6331 SW 41st St.  
 DAVIE, FL 33324**

Mailing Address

**6331 SW 41st St. ✓  
 DAVIE, FL 33324**

**00056549**

2. Principal Place of Business

**2071 SW 70th Ave.**

3. Mailing Address

**2071 SW 70th Ave.**

Suite, Apt. #, etc.

**G-9**

Suite, Apt. #, etc.

**G-8**

City & State

**DAVIE, FL**

City & State

**DAVIE, FL**

4. FEI Number

**65-0579298**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

**33317**

Country

**USA**

Zip

**33317**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NELSON-OLIPHANT, DARLENE  
 2071 SW 70th Ave., G-8  
 DAVIE, FL 33317**

7. Name and Address of New Registered Agent

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

TITLE	<b>DA</b>	<input type="checkbox"/> Delete
NAME	<b>OLMSTEAD, RONALD</b>	
STREET ADDRESS	<b>6331 SW 41st STREET</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33324</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FIDDES, STEVE</b>	
STREET ADDRESS	<b>6140 SW 24th St.</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL 33023</b>	
TITLE	<b>V S</b>	<input type="checkbox"/> Delete
NAME	<b>LITTON, STEVE L.</b>	
STREET ADDRESS	<b>8067 NW 10th St.</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33322</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROZADA, JUAN S.</b>	
STREET ADDRESS	<b>5721 SW 40th St.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33023</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CURTIN, RICHARD</b>	
STREET ADDRESS	<b>2071 SW 79th Ave. G8</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33317</b>	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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

**RONALD OLMSTEAD, PRES 4/30/01**

Date

Daytime Phone #

**954 723-0256**

CR2E034 (11/00)