

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90227 038 ***150.00

DOCUMENT # P95000042794 ✓

1. Entity Name Above All Concrete, Inc.

Principal Place of Business

Mailing Address

13966 SW 139 Ct

13966 SW 139 Ct

Miami, FL. 33186

Miami, FL. 33186

2. Principal Place of Business

3. Mailing Address

13966 SW 139 Ct

13966 SW 139 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33186

Dade

33186

Dade

4. FEI Number

65-0589479

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

Joseph Coppola
 14542 SW 147 Ct
 Miami, FL. 33186

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

Signature

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!

for MAY 1, 2001

Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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 1

TITLE	President	<input type="checkbox"/> Delete
NAME	Joseph Coppola	
STREET ADDRESS	14542 SW 147 Ct	
CITY-ST-ZIP	Miami, FL. 33186	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Susan Coppola	
STREET ADDRESS	14542 SW 147 Ct	
CITY-ST-ZIP	Miami, FL. 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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:

Susan Coppola

Susan Coppola

4/22/01 305-253-1315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)