

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90045 031 \*\*\*150.00

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**DOCUMENT # P96000078899**

1. Entity Name  
**C & C CONCRETE PUMPING SERVICES, INC.**

Principal Place of Business  
**5999 NW 122 AVE.  
 MIAMI FL 33178**

Mailing Address  
**P.O. BOX 526406  
 MIAMI FL 33152**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0429366 0715134**

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

**CANCIO, JOSE F  
 520 BILTMORE WAY  
 CORAL GABLES FL 33134**

Name

Street Address

City

*# IS incorrect  
 That is the # for the  
 other C&C*

8. The above named entity submits this statement for the purpose of changing its registered office or

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature

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 \$55**  
**Make Check Payable to Department**

May Be  
 i Fees

11. OFFICERS AND DIRECTORS

12.

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD  
 CANCIO, JOSE F  
 520 BILTMORE WAY  
 CORAL GABLES FL 33134** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-26-02*  
 Date

*305-892-7101*  
 Daytime Phone #

CR2E034 (9/01)