

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90062 010 ***150.00

DOCUMENT # P97000086649

1. Entity Name
ATLANTIC CONCRETE ENTERPRISES, INC.

Principal Place of Business Mailing Address

NW 80 AV. H K13 (DELETE) 9805 NW 80 AV. H K13 (DELETE)
 GARDENS FL 33016 HIALEAH GARDENS FL 33017-3862

2. Principal Place of Business 3. Mailing Address

17840 NW 47 AVE 17840 NW 47 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI FLORIDA MIAMI FLORIDA
 Zip Country Zip Country
 33055 U.S.A. 33055 U.S.A.

6. Name and Address of Current Registered Agent

MARTINEZ, NELSON (DELETE)
 7001 WEST 35TH AVENUE
 NO. 178
 HIALEAH FL 33018

4. FEI Number 65-0786963

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name MANUEL FERREIRA
 Street Address (P.O. Box Number is Not Acceptable)
 17840 NW 47th AVENUE
 City MIAMI FL Zip Code 33055

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]* 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, NELSON		NAME		
STREET ADDRESS	7001 WEST 35TH AVENUE, #178		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33018		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREIRA, MANUEL		NAME		
STREET ADDRESS	17840 NW 47 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE: 4/7/00 DAYTIME PHONE #: 305-450-8535