## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 25, 2002 8:00 am **Secretary of State** P97000105731 DOCUMENT # 1. Entity Name 03-25-2002 90111 028 \*\*\*150.00 K & M CONCRETE PUMPING SERVICES, CORP. Principal Place of Business Mailing Address 20201 SW 128 AVE 20201 SW 128 AVE MIAMI FL 33177 MIAMI FL 33177 3. Mailing Address POX 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0801117 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEJIA, KATTY M 20201 SW 128 AVE **MIAMI FL 33177** 8. The above named entity pmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. .... Added to Fees -(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 40P TITLE Delete TITLE ☐ Change NAME NAME Mejia, Katty M 20201 SW 128 AVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE DESIC NAME NAME STREET ADDRESS STREET ADDRESS 1128 av CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE secretaru manuel Diaz NAME NAME STREET ADDRESS STREET ADDRESS 201 SW 1280U CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-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 egort 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.

**FILED** 

CR2E034 (9/01

SIGNATURE: