2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90003 036 ***158.75

DOCUMENT # P98000014717

1. Entity Name

CONCRETE CONSTRUCTION SYSTEMS, INC.

Principal Place of Business	Mailing Address
6428 LAKE WORTH ROAD SUITE 779 LAKE WORTH FL 33463	6428 LAKE WORTH ROAD PMB ~~SUITE~~ 779 LAKE WORTH FL 33463-3008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6428 Lake Worth Rd		6428 Lake Worth Rd	
Suite, Apt. #, etc.: Suite 779		Suite, Apt. #, etc.: PMB #779	
City & State: Lake Worth Florida		City & State: Lake Worth Fl	
Zip: 33463	Country: USA	Zip: 33463	Country: USA

4. FEI Number 65-0814931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEIBA, HENLEY
1304 SEMINOLE BLVD
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

SAME

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (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!!! 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEIBA, HENLY 1304 SEMINOLE BLVD W P B FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Henley Leiba, Pres 4/28/00 (561) 966-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #