2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000061738 May 19, 2000 8:00 am Secretary of State BERT'S CONCRETE CHIPPING CORP. 05-19-2000 90042 002 ***150.00 Mailing Address Principal Place of Business 7300 WEST 29TH LANE 7300 WEST 29TH LANE HIALEAH FL 33018 HIALEAH FL 33018-5355 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0851237 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE LA NUEZ, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 7300 WEST 29TH LANE HIALEAH FL 33018 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE DE LA NUEZ, ROBERTO NAME NAME STREET ADDRESS STREET ADDRESS 7300 WEST 29TH LANE CITY-ST-7IP CITY-ST-ZIP HIALEAH FL 33018 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DE LA NUEZ, GLORIA M NAME NAME STREET ADDRESS STREET ADDRESS 7300 WEST 29TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 frusted 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 given like empowered.

SIGNATURE:

ROBERTO DE LAPUEZ 4-29.00

4-29.00 305-557-711

Daytime Phone