

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90180 032 \*\*\*158.75

AV 4430001

**DOCUMENT # P98000077126**

1. Entity Name  
**PROFILES IN CONCRETE, INC.**

Principal Place of Business      Mailing Address

**5166 EAST 11TH AVENUE**      **5166 EAST 11TH AVENUE**  
**HIALEAH FL 33013**                      **HIALEAH FL 33013**



2. Principal Place of Business      3. Mailing Address

**1127 POINSETTIA DRIVE**      **1127 POINSETTIA DRIVE**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State

**DELRAY BEACH FLORIDA**      **DELRAY BEACH FLORIDA**

Zip      Country      Zip      Country

**33444**      **PALM BEACH**      **33444**      **PALM BEACH**

4. FEI Number      Applied For

**65-0862337**       Not Applicable

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

6. Name and Address of Current Registered Agent

**BORSKY, JAY L**  
**% DAVID TORCHIN, C.P.A., P.A.**  
**8211 W. BROWARD BLVD-STE 200**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name      **OSTROW, JEFFREY M. ESQ**

Street Address (P.O. Box Number is Not Acceptable)      **G RICH, TAYLOR, GIULANTI KOLEBOVITZ PA**  
**OSTROW**

City      **350 E LAUREL BLVD SUITE 1440**      **FL**      Zip Code      **33301**  
**FORT LAUDERDALE**

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: **Jeffrey M. Ostrow, Esq.**      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, 2002 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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CUTLER, BRUCE</b>
STREET ADDRESS	<b>756 CYPRESS GREEN CIRCLE</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED**      Date: **4/11/02**      Daytime Phone #: **561 330 3737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)