FILED

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Jan 31, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

P98000106482

DOCUMENT #

SIGNATURE

Secretary of State 01-31-2002 90091 006 ***150.00 QUICK CONCRETE PUMPING CORP. Principal Place of Business Mailing Address 5868 WEST 25TH COURT 5868 WEST 25TH COURT HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 8725 NW 116 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0884503 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTEGA, OMAR S Street Address (P.O. Box Number is Not Acceptable) 5868 WEST 25TH COURT HIALEAH FL 33016 City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME ORTEGA, OMAR S NAME 5868 W 25TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP HIALEAH FL 33016 CITY-ST-ZIP ☐ Addition TITLE **VPS** ☐ Delete TITLE Change ORTEGA, DAREL O NAME NAME STREET ADDRESS STREET ADDRESS 5868 W 25TH COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.