

2000 UNIFORM BUSINESS REPORT (UBR)

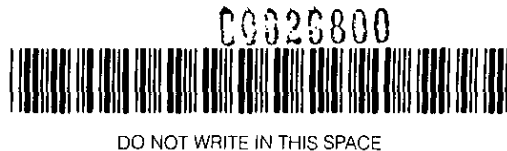
FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90063 001 ***150.00

DOCUMENT # P99000001678

1. Entity Name
S & S CEMENT FINISHING, INC.

Principal Place of Business 17710 MYRTLE LAKE DR. OPA LOCKA FL 33056	Mailing Address 17710 MYRTLE LAKE DR. OPA LOCKA FL 33056-4063
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



4. FEI Number 659032232	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MACK, J D
9820 N.W. 7TH AVENUE
MIAMI FL 33150

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
P	SAFFORD, LORSE H	17710 MYRTLE LAKE DR.	OPA LOCKA FL 33056		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

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 *Lorse Safford* **Lorse Safford** 2/20/00 305 628-4339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)