## 2000 UNIFORM BUSINESS REPORT (UBR)

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## Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P99000008810 1...Entity Name >- > K CONCRETE, CORP. 01-27-2000 90045 036 \*\*\*150.00 Principal Place of Business Mailing Address 4603 NW 11 AVE 4603 NW 11 AVE MIMAI FL 33152 MIMAI FL 33127-2237 .0226 2. Principal Place of Business 3. Mailing Address ج ج د <sup>ا</sup> ا ا ا ا ا ا ا DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Number City & State City & State 40 Not Applicable Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CANCIO, MARILI Street Address (P.O. Box Number is Not Acceptable) 75 VALENCIA 4TH FLOOR \_\_CORAL GABLES FL 33134 \_\_. 7io 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 filling requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change TITLE TITLE ☐ Delete THORNTON, KEITH L NAME MAME CR2E034 4603 NW 11 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIMAI FL 33152 Addition ☐ Change Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Defete TITLE . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete MILE 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-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 offer like empowered. SIGNATURE: