

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90002 044 ***550.00

0021807 AV

DOCUMENT# P99000019607

1. Entity Name
CONCRETE ARTISTS, CORP.

Principal Place of Business
2872 WEST 73RD TERRACE
HIALEAH FL 33018

Mailing Address
2872 WEST 73RD TERRACE
HIALEAH FL 33018

2. Principal Place of Business

7935 WEST 30TH CT

3. Mailing Address

7935 WEST 30TH CT

Suite, Apt., etc.

213

Suite, Apt., etc.

213

City & State

HIALEAH FLORIDA

City & State

HIALEAH FLORIDA

Zip

33018

Country

USA

Zip

33018

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0898645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, REINALDO
2872 WEST 73RD TERRACE
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name

GARCIA REINALDO

Street Address (P.O. Box Number is Not Acceptable)

7935 WEST 30TH CT apt 213

City

HIALEAH

FL

Zip Code

33018

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PTD** ☐ Delete
NAME **GARCIA, REINALDO**
STREET ADDRESS **2872 WEST 73RD TERRACE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE **SVD** ☐ Delete
NAME **GARCIA, ADELAIDA C**
STREET ADDRESS **2872 WEST 73RD TERRACE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Change ☐ Addition
NAME **GARCIA REINALDO**
STREET ADDRESS **7935 WEST 30TH CT apt 213**
CITY-ST-ZIP **HIALEAH FLORIDA 33018**

TITLE **SVD** ☐ Change ☐ Addition
NAME **GARCIA ADELAIDA C**
STREET ADDRESS **7935 WEST 30TH CT apt 213**
CITY-ST-ZIP **HIALEAH FLORIDA 33018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/08/01 (305) 362 0758

CR2E034 (5/01)