

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91420 036 \*\*\*150.00

0143637 AV

**DOCUMENT # P99000019607**

1. Entity Name

**CONCRETE ARTISTS, CORP.**

Principal Place of Business

7935 WEST 30TH CT  
 213  
 HIALEAH FL 33018

Mailing Address

7935 WEST 30TH CT  
 213  
 HIALEAH FL 33018

2. Principal Place of Business

**7935 WEST 30TH CT**

Suite, Apt. #, etc.

**213**

3. Mailing Address

**7935 WEST 30TH CT**

Suite, Apt. #, etc.

**213**

City & State

**Hialeah Florida**

Zip

**33018**

Country

**USA**

City & State

**Hialeah Florida**

Zip

**33018**

Country

**USA**

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**  
**7935 WEST 30TH CR**  
**APT 213**  
**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 \$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	PTD	<input type="checkbox"/> Delete
NAME	GARCIA, REINALDO	
STREET ADDRESS	7935 WEST 30TH CT APT 213	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	GARCIA, ADELAIDA C	
STREET ADDRESS	7935 WEST 30TH CT APT 213	
CITY-ST-ZIP	HIALEAH FL 33018	
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	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, REINALDO	
STREET ADDRESS	7935 WEST 30TH CT APT 213	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	SVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ADELAIDA C	
STREET ADDRESS	7935 WEST 30TH CT APT 213	
CITY-ST-ZIP	HIALEAH FL 33018	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**02/19/02 (305) 365 0208**  
 Date Daytime Phone #

CR2E034 (9/01)