Hernandez 1-27-2000 BD

2000 UNIFORM BUSINESS REPORTAUBR)

changed, or on an attachment with an activess, with all other like empower

DOCUMENT # P99000021035 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name JURA CONCRETE PUMPING, INC. 02-03-2000 90008 026 ***150.00 Principal Place of Business Mailing Address 1430 WEST 38 STREET 1430 WEST 38 STREET HIALEAH FL 33012 HIALEAH FL 33012-4745 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4: FEL Number 65-0900640 Not Applicable Zip Country Zio 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 mon SORTO, JUAN Street Address (P.O. Box Number is Not/Accepta 1430 WEST 38 STREET HIALEAH FL 33012 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. Hernande amon SIGNATURE nted some of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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. ☐ Change Addition CR2E034 (9/99 TITLE X Delete TITLE SORTO, JUAN NAME NAME STREET ADDRESS STREET ADDRESS 3050 NW 91 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL.33014 . Delete (X) Change Addition TITLE TITLE Hernandez Kamon HERNANDEZ, RAMON NAME NAME 1430 W 385 treet STREET ADDRESS 1430 WEST 38 STREET STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP **FLろろのは** HIALEAH FL 33012 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 ☐ Change Addition Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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