2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P99000021035 1. Entity Name JURA CONCRETE PUMPING, INC. 02-03-2001 90301 034 ***150.00 Principal Place of Business Mailing Address 1430 WEST 38 STREET 1430 WEST 38 STREET HIALEAH FL 33012 HIALEAH FL 33012 PARTOROL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0900640 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, RAMON Street Address (P.O. Box Number is Not Acceptable) 1430 WEST 38 STREET HIALEAH FL 33012 į. Zip 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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. TITLE ☐ Delete TITLE 19 - SECRETARY Change ☐ Addition HERNANDEZ RAMON NAME HERNANDEZ, RAMON NAME 1430WEST_38 STREET STREET ADDRESS .1430 WEST 38 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALEAH, FL 33012 HIALEAH FL 33012 Addition ☐ Change ☐ Delete PRESIDENT TITLE JOSE AIBERTO GONZALEZ NAME NAME STREET ADDRESS STREET ADDRESS 430 WEST BR STREET -1, w CITY-ST-7IP CITY-ST-ZIP IALFAH ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 afficiency, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-0/ (305)