

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90149 001 ***150.00

DOCUMENT # *P 99000029448*
 1. Entity Name
Beautiful Concrete of South Florida Inc. ✓

Principal Place of Business Mailing Address
20401 N.W. 2 AVE, Suite 106 20401 N.W. 2 AVE, Suite 106
N. Miami Beach Fla. 33169 N. Miami Beach Fla 33169

2. Principal Place of Business 3. Mailing Address
20401 N.W. 2 Ave 20401 N.W. 2 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
106 106
 City & State City & State
No. Miami Beach, Fla. No. Miami Beach, Fla
 Zip Zip Country Country
33169 USA 33169 USA

9585

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0907938 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SPIEGEL + UTRERA P.A.
343 ALHERIA AVENUE
CORAL GABLES, FL. 33134
 Name *ELIZABETH ANDERSON*
 Street Address (P.O. Box Number is Not Acceptable)
20401 N.W. 2 AVE, Suite 106
 City *No. Miami Beach* FL Zip Code *33169*

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 *Elizabeth Anderson* 2/16/2000
 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, 2000 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		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Anderson* **ELIZABETH ANDERSON** 2/16/2000 305-493-2277
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)