

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035424

1. Entity Name
OSCAR CONCRETE PUMPING CO.



FILED

03 FEB 20 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3711 S.W. 122 AVENUE
MIAMI, FL 33175

Mailing Address
3711 S.W. 122 AVENUE
MIAMI, FL 33175



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0913254

Applied For

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

GONZALEZ, OSCAR
6001 N.W. 3RD ST.
MIAMI, FL 33126

Name

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

3711 SW 122 Avenue

City

MIAMI FL

FL

Zip Code

33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILED NOW: FEB 10 2003
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
	PD			☒
	GONZALEZ, OSCAR	6001 N.W. 3RD ST.	MIAMI, FL 33126	
				☐
				☐
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Addition
				☒
	100013163701			
	02/27/03--01046--003			
				☐
	PD			☒
	OSCAR GONZALEZ	3711 SW 122 AVENUE	MIAMI FL 33175	
				☐
				☐
				☐
				☐
				☐
				☐
				☐

12. 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 10 or Block 11 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

02/10/03

786)402-9270

Date

Daytime Phone #

CR2034 (10/02)