2003 FOR PROFIT CORPORATION

FILED Feb 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBA **DOCUMENT #** P99000035913 1. Entity Name 02-17-2003 90253 007 ***150.00 M & J CONCRETE PUMPING INC. Principal Place of Business Mailing Address 20936 SW 122ND PLACE 20936 SW 122ND PLACE MIAMI FL 33177 MIAMI FL 33177 Principal Place of Business 88 PL 88PL ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0924389 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 20936 SW 122ND PLACE~ MIAMI FL 33177 $\nu \, \omega$ 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition GONZALEZ, JORGE NAME NAME STREET ADDRESS 20936 SW 122ND PLACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GONZALEZ, MARGARITA NAME STREET ADDRESS 20936 SW 122ND PLACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE

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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7(P

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

☐ Delete

☐ Change

Change

☐ Addition

☐ Addition