

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90017 007 ***150.00

DOCUMENT # P99000041027

1. Entity Name

C D M CONCRETE CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

**8412 BARK CT.
 ORLANDO FL 32810**

**8412 BARK CT.
 ORLANDO FL 32810-1803**

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

59-3574456

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

**ARAUJO, MARIA D
 8412 BARK CT.
 ORLANDO FL 32810**

Name

MARIA DE ARAUJO

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

8412 BARK COURT

City

ORLANDO

FL

Zip Code

32810

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

Maria de Araujo

MARIA DE ARAUJO

PRES.

2-14-00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/S
STREET ADDRESS	MARIA DE ARAUJO
CITY-ST-ZIP	8412 BARK COURT
	ORLANDO, FLORIDA 32810
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/T
STREET ADDRESS	CLAUDIO DE ARAUJO
CITY-ST-ZIP	8412 BARK COURT
	ORLANDO, FLORIDA 32810
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Maria de Araujo (**MARIA DE ARAUJO - P.**)

2/14/00

407-298-9104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)