

DOCUMENT # P99000043267

1. Entity Name

VALDEZ CONCRETE, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90025 048 \*\*\*150.00

Principal Place of Business

Mailing Address

613 S. BREADSHAW RD  
APOPKA FL 32712613 S. BREADSHAW RD  
APOPKA FL 32703-5162

2. Principal Place of Business

3. Mailing Address

P.O. Box 791

P.O. Box 791

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00000 FL

City &amp; State

City &amp; State

00000 Florida

00000 Florida

Zip

Country

Zip

Country

34761

U.S.A.

34761

U.S.A.

4. FEI Number

Applied For

59-3576603

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

VALDEZ, REYMUNDO  
 613 S. BREADSHAW RD  
 APOPKA FL 32703

Name Valdez Reymundo

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

613 S. Breadshaw Rd

City Apopka

FL

Zip Code

32703

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

Reymundo Valdez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

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 President ☐ Delete  
 NAME Reymundo Valdez  
 STREET ADDRESS 613 S. Breadshaw Rd  
 CITY-ST-ZIP Apopka FL 32703

TITLE President/Director ☐ Change ☒ Addition  
 NAME Reymundo Valdez  
 STREET ADDRESS 613 S. Breadshaw Rd  
 CITY-ST-ZIP Apopka FL 32703

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Reymundo Valdez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)