

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90035 031 ***150.00

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1. Entity Name
VALDEZ CONCRETE, INC.



Principal Place of Business
**613 BRADSHAW ROAD
APOPKA FL 32703**

Mailing Address
**PO BOX 791
OCOOEE FL 34761**



2. Principal Place of Business

**613 Bradshaw Rd.
Suite, Apt. #, etc.
Apopka Florida
City & State**

3. Mailing Address

**PO Box 791
Suite, Apt. #, etc.
Ocoee FL
City & State**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3576603**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALDEZ, REYMUNDO
613 S. BREADSHAW RD
APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name **None**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00

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 **PD** ☐ Delete
NAME **VALDEZ, REYMUNDO**
STREET ADDRESS **613 S BRADSHAW RD**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **None**

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

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CITY-ST-ZIP

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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: **Reymundo Valdez RE/President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-03 321-689-8938
Date Daytime Phone #

CR2E034 (10/02)