

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047626

1. Entity Name

BEST CONCRETE PLACING & FINISHING, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90027 010 ***150.00

Principal Place of Business

2055 S.W. 139TH ST. Ave
DAVIE FL 33325

Mailing Address

2055 S.W. 139TH ST. Ave
DAVIE FL 33325-5022

2. Principal Place of Business

2055 S.W. 139 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davie, Florida

City & State

4. FEI Number

65-0939402

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODSON, PAUL M ESQ.
316 N.E. 4TH ST.
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name Paul M. Woodson Esq

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

316 NE 4th Street

City

Ft Lauderdale

FL

Zip Code

33301

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

Leslie Harrell

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

(NOTE: Registered Agent signature required when reinstating)

4-12-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRELL, LESLIE	
STREET ADDRESS	2055 S.W. 139TH ST. Ave	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARRELL, GEORGANN	
STREET ADDRESS	2055 S.W. 139TH ST. Ave	
CITY-ST-ZIP	DAVIE FL 33325	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Leslie Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

Daytime Phone #

CR2E034 (9/99)