

# 2002 UNIFORM BUSINESS REPORT (UBR)

*11/12/02*

**FILED**

02 MAR 20 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*01/02 UBR*

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <i>P99000048414</i>			
<b>1. Entity Name:</b> <div style="font-size: 1.2em; font-family: cursive;">SALAS CONCRETE FINISHES, INC.</div>			
<b>Principal Place of Business</b> <div style="font-size: 1.2em; font-family: cursive;">710 SOUTH "E" STREET LAKE WORTH FL 33460</div>		<b>Mailing Address</b> 	
<b>2. Principal Place of Business</b> 		<b>3. Mailing Address</b> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b> <div style="font-size: 1.2em; font-family: cursive;">ARTURO SALAS 710 S "E" ST LAKE WORTH FL 33460</div>			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>			
SIGNATURE <i>Arturo Salas</i> <span style="float: right;">03/21/02</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="font-size: 1.2em; font-family: cursive;">D ARTURO SALAS 710 S "E" ST LAKE WORTH FL 33460</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="font-size: 1.2em; font-family: cursive;">400005491794--9 -05/08/02--01044--020 ****300.00 ****300.00</div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
SIGNATURE <i>Arturo Salas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <span>03/21/02</span> <span>561-586-4079</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Date</span> <span>Daytime Phone #</span> </div>	

CR2E034 (11/00)

Attachment

2nd 2

February 20<sup>th</sup>, 2002

# P99000048414

Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

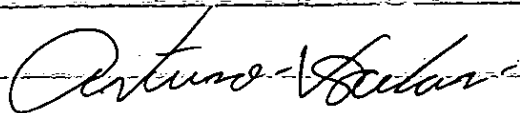
RE:65-0922785  
DOC: P99000048414

To Whom This May Concern,

I am writing this letter because I have been informed by the bank that my corporation SALAS CONCRETE FINISHES, INC. has been dissolved for failure to send in my Uniform Business report and payment of the renewal fee. I have not yet received any correspondence in the mail to renew my corporation this year. This year is the first year I have a corporation and was not aware of the date to renewal.

I have enclosed a check for the amount of \$150.00 to pay for the renewal and also complete Uniform Business Report. Thank you for your help in this matter. If there is anything else that needs to be done please contact me.

Sincerely,



ARTURO SALAS.