

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101426

1. Entity Name
MULAS CONCRETE, INC.

FILED
May 23, 2000 8:00 am
Secretary of State
05-23-2000 90262 003 ***150.00

Principal Place of Business
**3738 LANE O'LAKES BOULEVARD
LANE O'LAKES FL 34639**

Mailing Address
**3738 LANE O'LAKES BOULEVARD
LANE O'LAKES FL 34639**

2. Principal Place of Business
2003 West Granfield

3. Mailing Address
2003 West Granfield

Suite, Apt. #, etc.

City & State
Plant City, FL

City & State
Plant City, FL

Zip
33567

Country
USA

4. FEI Number
58-2510784

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ORTEGA, MIGUEL A
3738 LANE O'LAKES BOULEVARD
LANE O'LAKES FL 34639**

7. Name and Address of New Registered Agent
Name
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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	PVST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, MIGUEL A		NAME		
STREET ADDRESS	3738 LANE O'LAKES BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	LANE O'LAKES FL 34639		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Miguel A. Ortega** **President** **5/1/00** **(813) 754-7477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #