

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State
 09-14-2000 90013 015 ***550.00

DOCUMENT # P99000101987

1. Entity Name

A.G.S. PROFESSIONAL SHOTCRETE INC.

Principal Place of Business

6025 NW 113TH TERRACE
 HIALEAH FL 33012

Mailing Address

6025 NW 113TH TERRACE
 HIALEAH FL 33012

2. Principal Place of Business

6025 NW 113TH TERRACE
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.
 SAME as above

City & State

Hialeah FL
 33012

City & State

Zip

Country

4. FEI Number

05-096 3885

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~HERNANDEZ, GABINO~~
 6025 NW 113TH TERRACE
 HIALEAH FL 33012

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
 NAME **SILVERINO, ALEXANDER**
 STREET ADDRESS **942 WEST 64TH PLACE**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
 NAME **HERNANDEZ, GABINO**
 STREET ADDRESS **6025 N.W. 113TH TERRACE**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☒ Delete
 NAME **CONTRERAS, SANTIAGO**
 STREET ADDRESS **3540 N.W. 100TH ST.**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE REQUIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-321-3535

CR2E034 (5/00)