

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32490

1. Entity Name

ALLPURPOSE CONCRETE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90052 031 ***150.00

Principal Place of Business

Mailing Address

2511 NW 16TH LN
BAY 4
POMPANO BCH FL 33064
US

641 NW 20TH ST
POMPANO BCH FL 33060-4811
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0250852

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

7. Name and Address of New Registered Agent

MORGAN, LONNIE
641 N.W. 20TH STREET
POMPANO BLEACH FL 33060

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 \$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	D	<input type="checkbox"/> Delete
NAME	MORGAN, LONNIE	
STREET ADDRESS	641 N.W. 20TH STREET	
CITY-ST-ZIP	POMPANO BCH FL 33060	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, JEFFERY	
STREET ADDRESS	2246 JACKSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORGAN, MURIEL	
STREET ADDRESS	641 NW 20TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	Vc	<input type="checkbox"/> Delete
NAME	RICHARD, LISA	
STREET ADDRESS	641 N.W. 20TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

Lonnie Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

954-970-8533

Daytime Phone #

CR25034 (9/99)