2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the reg changed, or on an attac

FILED DOCUMENT # 376686 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** PRE-CAST SPECIALTIES, INC. 01-18-2000 90130 033 ***150.00 Principal Place of Business Mailing Address 1380 NE 48 STREET 1380 NE 48 STREET POMPANO BEACH FL 33064-4903 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1318472 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CIANELLI, ALFRED A JR. Street Address (P.O. Box Number is Not Acceptable) 1380 NE 48TH STREET POMPANO BEACH FL 33064 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete NAME CIANELLI, FRANCES A STREET ADDRESS STREET ADDRESS 519 LAYNE BLVD. CITY-ST-7IP CITY-ST-ZIP HALLANDALE FL Addition ☐ Change PTD ☐ Delete TITLE NAME CIANELLI, ALFRED A. NAME STREET ADDRESS 519 LAYNE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL-☐ Change Addition ☐ Delete TITLE NAME NAME Cianelli, fred A. STREET ADDRESS **10332 SW 18TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition ☐ Delete TITLE CIANELLI, DAVID M. NAME STREET ADDRESS STREET ADDRESS 5330SW 21ST COURT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling bs pot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information but at and that my signature shall have the same legal effect as if made under oath; that I am an officer or director occure this report of pour pour but the process of indicated on this report or supplemental report is true a