

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015579

1. Entity Name

ARCHITECTURAL PRECAST SYSTEMS, L.L.C.

Principal Place of Business

6631 NW 73 RD CT
MIAMI, FL 33166

Mailing Address

FILED

01 MAY 17 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1066924

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUY S. PATERRA
6631 NW 73 RD CT
MIAMI, FL 33166

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

5/12/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

7000004420937-0
-06/14/01--01116--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GUY S. PATERRA
STREET ADDRESS 500 N. CONGRESS AVE. A-206
CITY-ST-ZIP DELRAY BEACH, FL 33445

☐ Delete

☐ Change ☐ Addition

TITLE MGR
NAME ALBERTO TOMEL
STREET ADDRESS 1121 SW 16TH STREET
CITY-ST-ZIP BOCA RATON, FL 33486

☐ Delete

☐ Change ☐ Addition

TITLE MGR
NAME ALESSANDRO QUARTA
STREET ADDRESS 9112 SW 142 PATH
CITY-ST-ZIP MIAMI, FL 33186

☐ Delete

☐ Change ☐ Addition

TITLE MGR
NAME JOSE C. LAU
STREET ADDRESS 100 NEW LAKE DR #319
CITY-ST-ZIP BOYNTON BEACH, FL 33426

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JOSE C. LAU MGR

4-18-01

561-289-7822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)