

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90348 047 \*\*\*\*50.00

DOCUMENT # L00000015579 ✓

1. Entity Name  
ARCHITECTURAL PRECAST SYSTEMS, LLC

**955254**

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2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name	<u>GUY S. PATERRA</u>		
Street Address (P.O. Box Number is Not Acceptable)	<u>7781 WEST COUNTRY CLUB BLVD.</u>		
City	<u>BOCA RATON</u>	FL	Zip Code <u>33487</u>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE	<u>MGR</u>	TITLE	
NAME	<u>GUY S. PATERRA</u>	NAME	
STREET ADDRESS	<u>7781 WEST COUNTRY CLUB BLVD.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>BOCA RATON, FL 33487</u>	CITY-ST-ZIP	
TITLE	<u>MGR</u>	TITLE	
NAME	<u>ALBERTO TOMEI</u>	NAME	
STREET ADDRESS	<u>1121 SW 16TH STREET</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>BOCA RATON, FL 33486</u>	CITY-ST-ZIP	
TITLE	<u>MGR</u>	TITLE	
NAME	<u>JOSE LAU</u>	NAME	
STREET ADDRESS	<u>4077 COONTIE CT</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>LANTANA, FL 33462</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 4-22-02 Daytime Phone # 561-276-3444

CR2E034B (12/01)