2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000077849 **DOCUMENT #**

1. Entity Name



Mar 03, 2003 8:00 am Secretary of State **FILED**

03-03-2003 90845 014 ***150.00

SOUTH F	LORIDA MASONRY CAST-	STONE, INC.				
Principal Place of Business 1271 NORTHWEST 45TH COURT POMPANO BEACH FL 33064-1138 US		FORT LAUDERDALE PL 333184735		33308-14 4		
2. Principal Place of Business		3. Mailing Address		1 10011001 111 00111 01 11 00111 0011	i 991(1 9831) 18831 IBBU 181	ii 01\$10 Di) 00
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 6550 North Fed	eral Highway	Suite 52 2 CHECK HERE IF	MAKING CHANGES	
City & State		Fort Lauder	dalc, PC	4. FEI Number 65-1035142.		Applied For Not Applicable
Zip	Country	33308-1404	Country	5. Certificate of Status Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Re	gistered Agent	
COLONNA	A PALII A		- to			
	RTHWEST 45TH COURT		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
POMPANO	D BEACH FL 33064-1138					
•			City		FL Zip Co	de
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Flor	ida. I am familiar with	n, and accept
,	ions of registered agent.	and the second s		(3) 12°	3 J.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requi		DATE	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00		## TF	9. Election Campaign Fina Trust Fund Contribution		00 May Be
	Payable to Florida Department o	!	1 11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	DS IN 11
TITLE 1/2	OFFICERS AND	Delete	TITLE	ADDITIONS/CHANGES TO OFFIC	Change	
NAME STREET ADDRESS CITY-ST-ZIP	COLONNA, PAUL A 1271 NORTHWEST 45TH COUR POMPANO BEACH FL 33064-11		NAME Street Address City-St-Zip			Addition Addition
TITLE NAME STREET ADDRESS	VP Lorenzi, Paul 2444 B road	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition 6
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		∟ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	: Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- American State of S	Change	Addition
12. I hereby of indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or to see emp or on an attachment with an address,	n this filing does not qualify for s true and accurate and that m owered to execute the report with all other like empowered	the exemption stated in by signature shall have the exemption of the state of the s	Section 119.07(3)(i), Florida Statutes. I le same legal effect as if made under of 07, Florida Statutes; and that my name	further certify that the ath; that I am an office appears in Block 10	information er or director or Block 11 if