

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094130

1. Entity Name

AMERICAN PRECAST FENCE, INC.

Principal Place of Business

2450 SW 137TH AVE., SUITE 221
MIAMI FL 33175

Mailing Address

2450 SW 137TH AVE., SUITE 221
MIAMI FL 33175

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 221

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

Suite 221

City & State

Zip

Country

4. FEI Number

65-1140347

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A&P REGISTERED AGENT, INC.

2450 SW 137TH AVE., SUITE 221
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 221

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)

4/30/02

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, 2002 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

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDOVAL, FRANCISCO JAVI 2450 SW 137TH AVE., SUITE 235 MIAMI FL 33175 | <input type="checkbox"/> Delete |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

05-14-2002 90449 040 ***150.00

P01000094130

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC -6 PM 3:00

FILED



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)