

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90216 009 \*\*\*150.00

**DOCUMENT # P01000096004**

1. Entity Name  
**STONE GRANITE PRECAST SYSTEMS, INC.**

Principal Place of Business

**1121 SW 16TH ST  
 BOCA RATON FL 33486**

Mailing Address

**1121 SW 16TH ST  
 BOCA RATON FL 33486**

2. Principal Place of Business

**1398 S.W. 12 Terr.**

3. Mailing Address

**1398 S.W. 12 Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boca Raton, FL.**

City & State

**Boca Raton, FL.**

Zip

**33486**

Country

**USA**

Zip

**33486**

Country

**USA**

4. FEI Number

**03-0432087**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**TOMEI, ALBERTO**

**1121 SW 16TH ST**

**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

Street Address

City - ST - ZIP

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

**4/29/02**

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

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

**D.  
 TOMEI, ALBERTO  
 1121 SW 16TH ST  
 BOCA RATON FL 33486**

☒ Delete

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

**P/D  
 LORETTA ROMEO  
 1398 S.W. 12 TERRACE  
 BOCA RATON, FL. 33486**

☐ Change

☒ Addition

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

**V/S  
 ANTONIO TOMEI  
 899 SW 21 LANE  
 BOCA RATON, FL. 33486**

☐ Change

☒ Addition

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
 NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

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:

**LORETTA ROMEO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/02 (561)367-0359**

CR2E034 (9/01)