

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000096004

1. Entity Name

STONE GRANITE PRECAST SYSTEMS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1121 SW 16 Street

3. Mailing Address

1121 SW 16 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

03-0432087

Applied For

Not Applicable

Zip

Country

33486

US

Zip

Country

33486

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALBERTO TOMEI

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

1121 SW 16 STREET

City

BOCA RATON

FL

Zip Code

33486

DO NOT WRITE
IN THIS SPACE

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
ANTONIO TOMEI
899 SW 21 LANE
BOCA RATON, FL. 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LOUISE TOMEI
1121 SW 16 STREET
BOCA RATON, FL. 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

500008643275

10/29/02-01027-002 **70.00

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IN THIS SPACE

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: Louise Tomei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 (561) 417-9839
Date Daytime Phone #

CR2E034B (12/01)