


FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90053 043 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90133758

DOCUMENT # P02000020311			
1. Entity Name PRE-CAST MASTERS, INC.			
Principal Place of Business 9016 VILLA PORTOFINO CIRCLE BOCA RATON, FL 33496 4023 NE 6 AVE OAKLAND PARK, FL 33334		Mailing Address 9016 VILLA PORTOFINO CIRCLE BOCA RATON, FL 33496 4023 NE 6 AVE OAKLAND PARK, FL 33334	
2. Principal Place of Business 4023 NE 6 AVE OAKLAND PARK, FL		3. Mailing Address 4023 NE 6 AVE OAKLAND PARK, FL	
Suite, Apt. #, etc. OAKLAND PARK		Suite, Apt. #, etc. OAKLAND PARK	
City & State OAKLAND PARK, FL		City & State OAKLAND PARK, FL	
Zip 33334		Zip 33334	
Country BWD		Country BWD	
4. FEI Number 01-059974-1		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TAX MANAGEMENT CORP. C/O ANTHONY V. SALERNO 9016 VILLA PORTOFINO CIRCLE BOCA RATON, FL 33496		7. Name and Address of New Registered Agent TAX MANAGEMENT CORP STREET ADDRESS (P.O. Box Number is Not Acceptable) 4023 NE 6 AVE OAKLAND PARK, FL 33334 City BOCA RATON FL 33498	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent's signature required when resigning) DATE: _____			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DE ARAUJO, J. CARLOS P 9016 VILLA PORTOFINO CIRCLE BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP DE ARAUJO J. CARLOS P 4023 NE 6 AVE OAKLAND PARK, FL 33334	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		4/30/03 (561)218-9323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Deputy Phone #	

Attachment

90133758

TAX MANAGEMENT CORP.

SATURNIA

19143 SKYRIDGE CIRCLE, BOCA RATON, FL 33498

Tel: (561) 218-9323 Fax: (561) 218-3699

e-mail: TMC1040@aol.com

"Managing your future to Success..."

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APRIL 30, 2003

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: PRE-CAST MASTERS INS. #P02000020311

UNIFORM BUSINESS REPORT

TO WHOM IT MAY CONCERN:

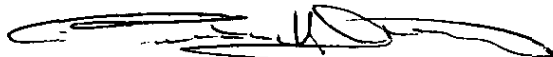
PLEASE BE ADVISED THAT WE NEVER RECEIVED THE REPORT IN THE MAIL,
DUE TO THE ADDRESS WAS CHANGED AND SOME HOW NOT FORWARDED
TO UP.

WE HAVE DOWN LOADED, A COPY AND YOU MAY RECEIVE IT JUST A LITTLE
LATE..

**THIS IS A CORP. BARELY MAKING IT FINANCIALLY, SO PLEASE MAKE SURE
THE EXCESSIVE LATE FEE IS NOT CHARGED.**

*****ENCLOSED NEW UBR REPORT FEE ENCLOSED \$150.00 PLUS 8.75 FOR
STATUS CERTIF..**

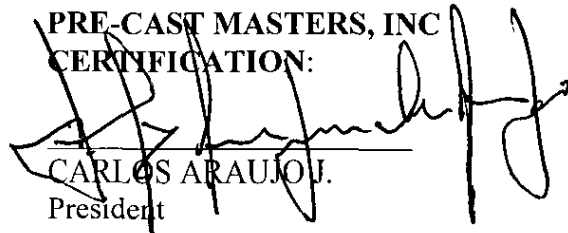
Only with the best regards,



Anthony V. Salerno

TAX MANAGEMENT CORP.
President

PRE-CAST MASTERS, INC
CERTIFICATION:



CARLOS ARAUJOJ.
President