

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098396

1. Entity Name

SENATORE'S ARCHITECTURAL PRECAST CONCRETE, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90318 038 ***150.00

Principal Place of Business

Mailing Address

3160 NE 3 AVE
OAKLAND PARK FL 33334
US

3160 NE 3 AVE
OAKLAND PARK FL 33334
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0792962

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENATORE, DONALD P
3630 N.W. 85TH WAY
APT 205
SUNRISE FL 33351

Name

SENATORE, DONALD P.

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

3160 NE 3RD AVE

OAKLAND PARK, FL

City

FL

Zip Code

33334

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE DP ☐ Delete
NAME SENATORE, DONALD P
STREET ADDRESS 3630 NW 85TH WAY, APT 205
CITY-ST-ZIP SUNRISE FL 33351

TITLE D.P. ☒ Change ☐ Addition
NAME SENATORE, DONALD P.
STREET ADDRESS 3160 NE 3RD AVE
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/8/2001

Date

Daytime Phone #

CR2E034 (10/00)