

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038675

1. Entity Name

DISCOVERY PRECAST, CORP.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90026 044 ***150.00

Principal Place of Business

13023 ARBOR ISLE DRIVE
TEMPLE TERRACE FL 33637

Mailing Address

13023 ARBOR ISLE DRIVE
TEMPLE TERRACE FL 33637-1074

2. Principal Place of Business

9745 Miller Dr

Suite, Apt. #, etc.

3. Mailing Address

9745 Miller Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Zip

33165

Country

City & State

Miami, FL

Zip

33165

Country

4. FEI Number

59-3572131

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACEDO, CARLOS

~~9870 3 40TH STREET~~

MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

9745 Miller DR.

City

Miami

FL

Zip Code

33165

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, 2000 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

PTSD

OGANDO, MANUEL

13023 ARBOR ISLE DRIVE

TEMPLE TERRACE FL 33637

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Add

TITLE

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Carlos Macedo

9745 Miller DR.

Miami, FL 33165

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
RE: MANUEL OGANDO, Pres. 1/27/00 (305) 412-0829

Date

Daytime Phone #