Amended

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039452

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 16 PM 2:39

1. Entity Name

WATERVIEW PRECAST, INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
2390 SW 66 TER	412 N.E. 4 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FLORIDA	City & State: FT-LAUDERDALE FLORIDA
Zip: 33317 Country: USA	Zip: 33301 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0927288 ☐ Applied For ☐ Not Applicable

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
KENNETH 9. STEVENS 412 N.E. 4 ST FT LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Kenneth Stevens 10-6-00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PAUL BLANCHRT 5 WATERVIEW DR OCEAN RIDGE, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARIO BLANCHRT 2808 NE 33 Ct APT 103 FT-LAUDERDALE FL 33306 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRATARY PAUL BLANCHRT 5 WATERVIEW DR OCEAN RIDGE FL ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800003440258--8 -10/26/00--01045-008 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: MARIO BLANCHRT 10-6-00 (954) 473-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #