

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90066 022 ***150.00

DOCUMENT # P99000039743

1. Entity Name

TARPON PRECAST & CONCRETE SPECIALTIES, INC.

Principal Place of Business

6798 CROSSWIND DRIVE N
SUITE C-201
ST. PETERSBURG FL 33710

Mailing Address

6798 CROSSWIND DRIVE N
SUITE C-201
ST. PETERSBURG FL 33710

2. Principal Place of Business

1502 SAVANNAH AVE.,
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box No: 957
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

4. FEI Number **59-3581868**

Applied For

Not Applicable

Zip **34689** Country **PINELLAS**

Zip **34688** Country **PINELLAS**

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

PATEL, SANDIP I ESQUIRE
C/O PATEL, MOORE & O'CONNOR, P.A.
2240 BELLEAIR ROAD, SUITE 160
CLEARWATER FL 33764

Name **HEMANI, SULAMAN A.**
Street Address (P.O. Box Number is Not Acceptable)
1502, SAVANNAH AVENUE.,
TARPON SPRINGS,
City **FL** Zip Code **34689.**

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)

SULAMAN A. HEMANI, CEO 01/26/01
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 NAME STREET ADDRESS CITY-ST-ZIP	D HEMANI, SULAMAN B 6798 CROSSWIND DRIVE N. SUITE C-201 ST. PETERSBURG FL 33710	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HEMANI SULAMAN A. 1502, SAVANNAH AVENUE, TARPON SPRINGS, FL-34689.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SULAMAN A. HEMANI 01/26/01 727-934
Date Daytime Phone # **6165**

CR2E034 (10/00)