

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90090 036 \*\*\*150.00

**DOCUMENT # S32164**

1. Entity Name  
**PRESTRESS CONCRETE, INC.**



Principal Place of Business Mailing Address  
5881 NW 151 ST 6187 MIAMI LAKES DR. 5881 NW 151 ST 6187 MIAMI LAKES DR.  
#201 #201  
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0250212**

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

**DAMSKY, GERALD**  
**ONE PARK PLACE**  
**621 NW 53RD ST STE 365**  
**BOCA RATON FL 33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/7/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **ALVAREZ, WALTER**  
CITY-ST-ZIP **5881 NW 151 ST STE 201**  
**MIAMI LAKES, FL 33014**

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **ALVAREZ, WALTER**  
CITY-ST-ZIP **6187 MIAMI LAKES DR.**  
**MIAMI LAKES, FL 33014**

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **ALVAREZ, MABEL**  
CITY-ST-ZIP **5881 NW 151 ST STE 201**  
**MIAMI LAKES, FL 33014**

TITLE ☒ Change ☐ Addition  
NAME **STD**  
STREET ADDRESS **ALVAREZ, MABEL**  
CITY-ST-ZIP **6187 MIAMI LAKES DR.**  
**MIAMI LAKES, FL 33014**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 to this report with an other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/03 (305) 558-3515**

Date

Daytime Phone #

CR2E034 (10/02)