

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000093546

1. Entity Name

PAVER BRICK, INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90029 028 \*\*\*150.00

Principal Place of Business

Mailing Address

**1625 RED CEDAR DR., #3**  
**FT. MYERS FL 33907**

A0035323

2. Principal Place of Business

3. Mailing Address

**3765 WINKLER AVE #726**

Suite Apt. #, etc.

Suite. Apt. #, etc.

**FORT MYERS**

City &amp; State

City &amp; State

**FLORIDA**

4. FEI Number

**65-9708848**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33916**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

**ROCHA, SANDRO****1625 RED CEDAR DR., #3****FT. MYERS FL 33907**

Name

**TAX HOUSE CORPORATION**

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

**3929 N FEDERAL HWY**

City

**POMPANO BEACH****FL**

Zip Code

**33064**

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)

**PRESIDENT****03/14/01**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	ROCHA, SANDRO	1417-3 DEL PRADO BLVD., #443	CAPE CORAL FL 33990				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

03/12/01

Date

(941)274-0445

Daytime Phone #