2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **P99000053058**

1. Entity
REAL PAVERS & PRESSURE CLEANING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 23 AM 8:00

REINSTATEMENT 03

200025733172
12/23/03--01051--004 **150.00

☐ **CHECK HERE IF MAKING CHANGES**

Principal Place of	**Mailing**
5858 NW 80TH AVENUE MARGATE FL 33063	5858 NW 80TH AVENUE MARGATE FL 33063

2. Principal Place of Business	3. Mailing Address
2585 NW 80th AVE	2585 NW 80th AVE
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: MARGATE, FL	City & State: MARGATE, FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number 65-0926133 ☐ 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 Now Registered Agent**
DE OLIVERIA, ANTONIO B 5858 NW 80TH AVENUE MARGATE FL 33063	Name: ANTONIO B. DE OLIVEIRA Street Address (P O Box Number is Not Acceptable): 2585 NW 80th AVE City: MARGATE **FL** **Zip Code** 33063

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 _____ 12/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to 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 / NAME / STREET ADDRESS / CITY - ST - ZIP	PSD DE OLIVERA, ANTONIO B 2585 NW 80th AVE MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	1 2585 NW 80th AVE MARGATE, FL 33063 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ **Chang** ☐ **Additi**

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 qualified 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: _____ 12/18/03 (954) 227-1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #