

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**  
 04-22-2000 90110 038 \*\*\*158.75

**DOCUMENT #** J10601  
**1. Entity Name**  
 A.P. Paving Co. Inc.

**Principal Place of Business** **Mailing Address**  
 13255 S.W. 137<sup>th</sup> Ave Suite 213  
 Mia, Fla 33186

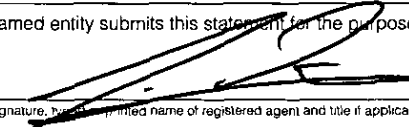
**2. Principal Place of Business** **3. Mailing Address**  
 13255 S.W. 137<sup>th</sup> Ave  
 Suite, Apt. #, etc.  
 Suite 213  
 City & State  
 Mia Fla  
 Zip  
 33186  
 Country  
 USA

**4. FEI Number** 59-2685079  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Joe Ortega  
 13255 S.W. 137<sup>th</sup> Ave #213  
 Mia, Fla 33186

**7. Name and Address of New Registered Agent**  
 Name Joe Ortega  
 Street Address (P.O. Box Number is Not Acceptable)  
 13255 S.W. 137<sup>th</sup> Ave #213  
 City Mia Fla FL Zip Code 33186

**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**  **4/17/00**  
 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Ann Palmer	13255 S.W. 137 <sup>th</sup> Ave #213	Mia, Fla 33186	<input type="checkbox"/>
Vice President	Joe Ortega	13255 S.W. 137 <sup>th</sup> Ave #213	Mia, Fla 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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 an other like empowered.**

**SIGNATURE:**  **4/17/00** **305 2320208**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)