

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56896

1. Entity Name  
SAHARA PAVERS, INC.

Principal Place of Business

C/O CHARLES BAKER  
4905 BANYAN LN  
TAMARAC FL 33319  
US

Mailing Address

C/O CHARLES BAKER  
4905 BANYAN LN  
TAMARAC FL 33319-2107  
US

2. Principal Place of Business

6676 NW 57TH ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33319

Country

BROWARD

Zip

33319

Country

US

4. FEI Number

59-2785229

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, CHARLES H  
4905 BANYAN LN  
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name

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

6676 NW 57TH ST

City

TAMARAC

FL

Zip Code  
33319

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)

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          | P                        | <input type="checkbox"/> Delete |
| NAME           | BAKER, CHARLES H         |                                 |
| STREET ADDRESS | 8321 NW 45TH ST.         |                                 |
| CITY-ST-ZIP    | LAUDERHILL FL            |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | JENNINGS, CHRISTOPHER    |                                 |
| STREET ADDRESS | 949 PENNSYLVANIA AVENUE  |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL        |                                 |
| TITLE          | ST                       | <input type="checkbox"/> Delete |
| NAME           | FREDENBERG, NANCY        |                                 |
| STREET ADDRESS | 8321 NW 45TH ST.         |                                 |
| CITY-ST-ZIP    | LAUDERHILL FL            |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | ASHLEY WARD              |                                 |
| STREET ADDRESS | 2172-A WHITE PINE CIRCLE |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL       |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 4905 BANYAN LANE   |
| CITY-ST-ZIP    | TAMARAC, FL 33319  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 4905 BANYAN LANE   |
| CITY-ST-ZIP    | TAMARAC, FL 33319  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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

Date

Daytime Phone #

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90091 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1/11/00 954-721-1966