

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90026 021 ***150.00

DOCUMENT # J59427

1. Entity Name

PAVIMENTO INC.

Principal Place of Business Mailing Address
 5555 CENTRAL AVE. 6379- 2ND AVE N.
 ST PETERSBURG FL 33710 ST. PETERSBURG FL 33710-8419

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2763764**

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 New Registered Agent

Name **JOHN ANTHONY KANNE**

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

6379- 2ND AVE N

City **ST. PETE**

FL

Zip Code **33710**

COTNOIR, ANDREA Z.
6539 CENTRAL AVE.
ST. PETERSBURG FL 33710

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 **ANDREA KANNE** **Andrea Kanne**

4-16-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	☐ Delete
NAME	COTNOIR, ANDREA	
STREET ADDRESS	6379 2ND AVE N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VPS	☐ Delete
NAME	KANNE, JOHN ANTHONY	
STREET ADDRESS	6379 2ND AVE N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT. KANNE, JOHN ANTHONY	☒ Change ☐ Addition
NAME		
STREET ADDRESS	6379- 2ND AVEN	
CITY-ST-ZIP	ST. PETE FL. 33710	
TITLE	VPS KANNE ANDREA	☒ Change ☐ Addition
NAME		
STREET ADDRESS	6379- 2ND AVEN.	
CITY-ST-ZIP	ST. PETE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 life empowered.

SIGNATURE: **ANDREA KANNE** **Andrea Kanne**

4-16-00

804-7769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)