

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63815

1. Entity Name

PAVARINI BUSINESS COMMUNICATIONS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90015 004 ***150.00

Principal Place of Business

10032 NW 46TH ST
SUNRISE FL 33351
US

Mailing Address

~~10032 NW 46TH ST
SUNRISE FL 33351 7937
US~~

2. Principal Place of Business

3. Mailing Address

Property Technologies, Ltd

Suite, Apt. #, etc.

6501 Dickens Place

City & State

Richmond, VA

Zip

23230

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2787989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MULLER, WILLIAM C.
3148 NW 118TH LANE
CORAL SPRINGS FL 33065~~

7. Name and Address of New Registered Agent

Name **Leo A. Fox**

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

Fox & Fox, P.A.

133 E. Boca Raton Rd

City

Boca Raton

FL

Zip Code

33432

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

Leo A. Fox - **Leo A. Fox**

2/29/2000

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	MULLER, WILLIAM C.	
STREET ADDRESS	3148 NW 118TH LANE	
CITY-ST-ZIP	CORAL SPGS. FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ALEJANDRO A.	
STREET ADDRESS	16575 MARIPOSA CIR N	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Payne	
STREET ADDRESS	3 Deer Run Road	
CITY-ST-ZIP	Manakin-Sabot, VA 23103	
TITLE	Vice President; Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Ross	
STREET ADDRESS	2 Cedar Top Lane	
CITY-ST-ZIP	Columbia, SC 29212	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Muller	
STREET ADDRESS	3148 NW 118th Lane	
CITY-ST-ZIP	Coral Springs, FL	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alejandro A. Perez	
STREET ADDRESS	16575 Mariposa Cir. N.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33331	
TITLE	Director; Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Fred Bailey	
STREET ADDRESS	3521 Musket Drive	
CITY-ST-ZIP	Midlothian, VA 23113	
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:

Ron Payne - **RON PAYNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

(804) 288-5500

Daytime Phone #

CR2E034 (9/99)