

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90071 010 \*\*\*150.00

0303126 AV

**DOCUMENT # K26606**

1. Entity Name  
**PERFECT PAVERS, INC.**

Principal Place of Business  
**528 NW 1ST AVE**  
**FT. LAUDERDALE FL 33301**  
**US**

Mailing Address  
**528 NW 1ST AVE**  
**FT. LAUDERDALE FL 33301**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0061018**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**WHITE, PATRICIA L**  
**990 NE 27TH AVE**  
**POMPANO BEACH FL 33062**

Name

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

**831 S.E. 13 CT.**

City **POMPANO BEACH**

**FL**

Zip Code **33060**

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

*Patricia V. White*

**4-5-02**

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, 2002 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 **PST** ☐ Delete  
 NAME **WHITE, PATRICIA L.**  
 STREET ADDRESS **990 NE 27TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition  
 NAME **831 S.E. 13 CT.**  
 STREET ADDRESS **POMPANO BEACH, FL. 33060**  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **LEWIS, JOHN C.**  
 STREET ADDRESS **990 NE 27TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition  
 NAME **831 S.E. 13 CT.**  
 STREET ADDRESS **POMPANO BEACH, FL 33060**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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 like empowered.

SIGNATURE:

*Patricia V. White* **PRES.**

**4-5-02**

**954-779-1188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)