

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002126 AF

DOCUMENT # L98000000977

1. Entity Name
PAVER CITY, LLC

00 MAY -6 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1251 NE 48TH STREET
POMPANO BEACH FL 33064

Mailing Address
1251 NE 48TH STREET
POMPANO BEACH FL 33064-4910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0847920

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., SUITE 400
ONE BISCAYNE TOWER
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME BRITO, JOSEPH
STREET ADDRESS 3300 N.W. 27TH AVENUE
CITY- ST- ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE ~~MGR~~
NAME MICHAEL BRITOMER ☐ Change ☒ Addition
STREET ADDRESS 1251 NE 48 ST. POMPANO BEACH
CITY- ST- ZIP FL. 33064 ~~MGR~~

TITLE MGR
NAME BRITO, RAELENE
STREET ADDRESS 3300 N.W. 27TH AVENUE
CITY- ST- ZIP POMPANO BEACH FL 33069 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
300003279333--0
-06/07/00--01014--022
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE JOSEPH BRITO

4-13-00

954-444-7516

CR2E033 (9/99)