

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90121 009 ***150.00

DOCUMENT # P00000007926

1. Entity Name
PAVIMENTI INTERNATIONAL, INC.



Principal Place of Business

~~15405 W. DIXIE HIGHWAY~~

~~N. MIAMI BEACH FL 33162~~

Mailing Address

~~15405 W. DIXIE HIGHWAY~~

~~N. MIAMI BEACH FL 33162~~

90003542



2. Principal Place of Business

315 W 75 Place

3. Mailing Address

315 W 75 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Florida

City & State

Hialeah Florida

Zip 33014

Country US

Zip 33014

Country US

4. FEI Number

65-0976852

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CINTADO, NORMA D

~~15405 W. DIXIE HIGHWAY~~

~~N. MIAMI BEACH FL 33162~~

315 W 75 Place
Hialeah, FL 33014

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME CINTADO, NORMA D
STREET ADDRESS ~~15405 W. DIXIE HIGHWAY~~
CITY-ST-ZIP ~~N. MIAMI BEACH FL 33162~~

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

315 W 75 Place
Hialeah, Florida 33014

☐ Change ☐ Addition

TITLE
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12. 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 10 or Block 11 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 #

1/12/2003

CR2E034 (10/02)