

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **P00000027882**

1. Entity Name

PAVER BRICK, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90029 028 ***150.00

Principal Place of Business

Mailing Address

1625 RED CEDAR DR., #3
FT. MYERS FL 33907

A0035323

2. Principal Place of Business

3. Mailing Address

3765 WINKLER AVE #726

Suite Apt. #, etc.

Suite Apt. #, etc.

FORT MYERS

City & State

City & State

FLORIDA

4. FEI Number

65-9708848

Applied For

Not Applicable

Zip

Country

Zip

Country

33916

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

ROCHA, SANDRO

1625 RED CEDAR DR., #3

FT. MYERS FL 33907

Name

TAX HOUSE CORPORATION

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

3929 N FEDERAL HWY

City

POMPAÑO BEACH

FL

Zip Code

33064

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

PRESIDENT

03/14/01

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ROCHA, SANDRO 1417-3 DEL PRADO BLVD., #443 CAPE CORAL FL 33990	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		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 19.07(3)(1), 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 N 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

03/12/01

(941)274-0445

Date

Daytime Phone #