

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00 0000 30042

1. Entity Name -
SAVE YOUR PAVERS, INC.

Principal Place of Business Mailing Address
3920 Woodside Dr. 3920 Woodside Dr.
#5 #5
Coral Springs FL 33065 Coral Springs, FL 33065

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0991066 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FABIO RICETTI
3920 Woodside Dr.
#5
Coral Springs, FL 33065
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President FABIO RICETTI 3920 Woodside Dr. #5 Coral Springs FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200004721172-- -12/12/01 01077 014 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Eugenius Socrates Ricetti 3920 Woodside Dr #5 Coral Springs FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: FABIO RICETTI 10-18-01 (954) 594-8834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FILED

01 DEC -3 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR22834 (11/00)

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October 18, 2001

Uniform Business Report
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500
1-850-488-9000

To Whom This May Concern:

~~This letter is to inform you that this is my second attempt to remit my~~
Uniform Business Report. I remitted the original form that was mailed to me
with a money order of \$ 150.00 however, I was informed today that this was
never received and that I should send in a letter stating that this is my
second attempt along with the form (printed from online services) and
\$ 150.00 so I would not have to pay the penalty fees. If anything else is
needed I can be reached at (954) 594-8834.

Thank you for your help in this matter.

Sincerely,



Fabio Ricetti