

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90028 042 ***150.00

DOCUMENT # P00000056262

1. Entity Name
SABAS PAVERS CORP.

Principal Place of Business

**3600 SW 106TH AVENUE
 MIAMI FL**

Mailing Address

**3600 SW 106TH AVENUE
 MIAMI FL**

2. Principal Place of Business

**17422 S.W. 77th Circle Lane
 Suite, Apt. #, etc.
 MIAMI FLORIDA**

3. Mailing Address

**17422 S.W. 77th Circle Lane
 Suite, Apt. #, etc.
 112
 MIAMI FLORIDA**

C0034759



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1023577

Applied For

Not Applicable

Zip
33193

Country
USA

Zip
33193

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALVA, RICARDO
 3600 SW 106TH AVENUE
 MIAMI FL**

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 **RICARDO CALVA**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-01

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

TITLE **PTD** ☐ Delete
 NAME **CALVA, RICARDO**
 STREET ADDRESS **3600 SW 106TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VTD** ☒ Delete
 NAME **ECHAGARRUA, BELKYS**
 STREET ADDRESS **3600 SW 106TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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: **RICARDO CALVA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01 786-5461974

Date Daytime Phone #

CR2E034 (10/00)