

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90734 030 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000056262

1. Entity Name

SABAS PAVERS Corp.

DO NOT WRITE IN THIS SPACE

80061671

2. Principal Place of Business

15432 SW 77 Cir. Lane

3. Mailing Address

15432 SW 77 Cir. Lane

Suite, Apt. #, etc.

#112

Suite, Apt. #, etc.

#112

City & State

Miami FL

City & State

Miami FL

Zip

33193

Country

Dade

Zip

33193

Country

Dade

4. FEI Number

65-023577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ricardo CALVA

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

3600 SW 106 Ave

City

Miami

FL

Zip Code

33165

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 running for election)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Ricardo CALVA P/T/D
NAME
STREET ADDRESS 15432 SW 77 Cir. Lane
CITY- ST- ZIP Miami, FL 33193

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) Phone #

CR2ED34B (12/01)