

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000081505

1. Entity Name

GRAYV STONE INTERLOCKING PAVERS, INC.



FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90359 024 ***150.00

Principal Place of Business

Mailing Address

6500 FERN STREET
MARGATE FL 33063

6500 FERN STREET
MARGATE FL 33063

2. Principal Place of Business

4354 NW 5th Ave

3. Mailing Address

4354 NW 5th Ave

Suite Apt. #, etc.

Suite Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH

City & State

POMPANO BEACH

4. FEI Number

65-1034800

Applied For

Not Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

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

JOSE ACUILINO

3961 N. FEDERAL HWY.

POMPANO BEACH FL 33064

Name

LUCIANO SOUSA

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

4354 NW 5th Ave

City

POMPANO 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

05/02/01

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

TITLE **PSTD** ☐ Delete
NAME **LUCIANO BRITO SOUSA**
STREET ADDRESS **6500 FERN STREET**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **LUCIANO BRITO SOUSA**
STREET ADDRESS **4354 NW 5th Ave**
CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

05/02/01

Date

(954) 821-4962

Daytime Phone #