## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

DOOOOOOA774

1. Entity N G.G.A.



Aug 15, 2003 8:00 am Secretary of State

08-15-2003 90084 003 \*\*\*550.00

BUILDING, INC.	P00000084774				
lace of Business	Mailing Address		<u> </u>		
PAV RÉALTY INC	C/O GUSPAV REALTY	INC			
RD COURT	1646 SE 3RD COURT				
BEACH FL 33441	DEERFIELD BEACH FL	33441			
Place of Business	3: Malling Address				

C/O GUSPAV REALTY INC 1646 SE 3RD COURT DEERFIELD BEACH FL 33441  2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address C/O GUSPAV REALTY INC 1646 SE 3RD COURT DEERFIELD BEACH FL 33441  3. Mailing Address Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		<b>4.</b> F	4. FEI Number 65-1058695 Applied For				
Zip	Country	Zip Country		ntry	<b>5.</b> (	Not A  S Certificate of Status Desired   \$8.75 Addition			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
ZIMMERMAN, STPEHEN L 737 E ATLANTIC BLVD POMPANO BEACH FL 33060		Name							
			Street Address (P.O. Box Number is Not Acceptable)						
				City		FL	Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when rei	instating) DATE		<del></del>	
FILE-NOW!!! FEE 4S \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State				*	9. Election Campaign Financing Trust Fund Contribution.		May Be d to Fees		
10.	OFFICERS AND	DIRECTORS	11.	···········	ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVONE, JULIO 1646 SE 3COURT DEERFIELD BEACH FL 33441	□ D	NAM STRE	I .			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		O	NAM STRE	1			☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGITA SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9544210520