2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000093546

1. Entity Name

MARCELO PAVING, INC.

03-22-2001 90073 017 ***150.00

FILED
01 MAR 22 PM 12: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8214 PRINCETON SQUARE BLVD. - UNIT 1715	P.O. BOX 19587
JACKSONVILLE, FL 32256	JACKSONVILLE, FL 32256

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

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A
343 ALMEIDA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: TAX HOUSE CORPORATION
Street Address (P.O. Box Number is Not Acceptable): 3929 N FEDERAL HWY
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: [signature] Bredo Gomes PRESIDENT 03/12/01
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	TITLE	☐ Change ☐ Addition
NAME	CARVALHO, MARCELO A.	NAME	
STREET ADDRESS	8214 PRINCETON SQUARE BLVD. - UNIT 1715	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Marcelo A. Carvalho PRESIDENT 03/12/01 (904) 868-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/23