Ç		FILED 02 MAY 29, AM 2, 22				
OLIVEIRA PAVERS, INC. Principal Place of Business Mailing Address 301 NW 32ND COURT #208 301 NW 32ND C		02 MAY 20 AM 0 0-				
301 NW 32ND COURT #208 301 NW 32ND C	W- V 4	02 MAY 28 AM 8: 32				
· · · · · · · · · · · · · · · · · · ·		SECRETARY OF STATE FALLAHASSEE, FLORIDA	SECRETARY OF STATE			
	COLUMN #2009	MECANOSEE, FLURIDA				
· · · · · · · · · · · · · · · · · · ·						
2. Principal Plans of Purings						
2. Principal Place of Business 301 NW 32ND COURT 9.0. Business	OX 936121					
Suite Apt. #, etc, Suite. Apt. #. etc.		DO NOT WRITE IN THIS SPACE				
City & Stale City & Stale POMPANO BEACH FL MARG	GATE, FL		olied For			
Zip Country Zip	Country	5 Certificate of Status Desired \$8.75 Addit	Applicable ional			
33064 USA 33063 6. Name and Address of Current Registered Agent	USA	7. Name and Address of New Registered Agent				
DE OLIVEIRA SANTOS, JAIR	Name.	DE OLIVEIRA SANTOS, JAIR				
301 NW 32ND COURT #208	Street Addre	ess (P 0. Box Number is Not Acceptable) P.O. BOX 936121				
POMPANO BEACH FL 33064						
	City	MARGATE FL Zip Code	33063			
8. The above named entity submits this statement for the purpose of changing its re	gistered office or registered	agent, or both, in the State of Florida.				
Tax filing requirement and elects to do so. After MAY 1,	(NOTE:Registere Agent signal W! FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of \$	Trust Fund Contribution. Added (May Be to Fees			
11. OFFICERS AND DIRECTORS	12.	ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS	IN 11			
Delete DE OLIVEIRA SANTOS, JAIR STREET ADDRESS GITY-ST-ZIP POMPANO BEACH FL 33064	STREET ADDRESS P.C	D	Addition			
TITLE Delete	TITLE	Change	Addition			
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE [Delate	NAME , r	Change	Addition			
NAME Street Address	STREET ADDRESS					
VAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY- ST- ZIP TITLE	Change	Addition			
NAME	CITY- ST- ZIP	·	_			
NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP	CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	900005754759- -06/12/02010050 *****300.00 <u>*</u> ****30	_ 9 04 0,00_			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS	CITY- ST- ZIP TITLE NAME STREET ADDRESS	900005754759- -06/12/02010050	- 9 ⁰⁴			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE Delete TITLE Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	900005754759- -06/12/02010050 *****300.00 <u>*</u> ****30	_ 9 04 0,00_			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	900005754759- -06/12/02010050 ****300.00 ****30	_ 9 04 0,00_			

SIGNATURE: Jaix de Municipa James Jair de Oliveira Santos - President 05/17/02 (954) 914-8714

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2002 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2001 and 2002 P00000110369

OLIVEIRA PAVERS, INC.

الهيدة الهدافظ فالمتبارس أأرار أأرار أساء المدامين المستقيلة للتبيين والمسارات المرازية

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form in the mail thus by not sending such form resulted on the Administrative Dissolution of the corporation.

We would like to request you that you forgive all extra fees and penalties other than the primary fee of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant. Besides, we are enclosing extra \$150 for the fees of the year 2002, totaling \$300.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

Jair de Oliveira Santos - President OLIVEIRA PAVERS, INC. P.O. BOX 936121 Margate, FL 33063

1. Entity Na		110369							
OLIVEI	RA PAVERS, INC.								
Principal Pla	ace of Business	Mailing Address							
301 NW 32ND COURT #208 POMPANO BEACH FL 33064 2. Principal Place of Business Suite Apt.#, etc,		P.O. BOX 936	121						
		MARGATE, FI	MARGATE, FL 33063						
		3. Mailing Address	3. Mailing Address						
		Suite Ant # etc							
		Suite. Apt. #. etc.	Suite. Apt. #. etc.			DO NOT WRIT	TE IN THIS S	SPACE	
City & St	ale	City & Stale	City & Stale		4. F	FEI Number 94-3380685		— — -	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. 0	Certificate of Status Desired		\$8.75 Ad	Iditional
	6. Name and Address of Curre	ent Registered Agent	<u> </u>		7. N	Name and Address of New Re		Fee Requir Agent	ea
DE OLIV	/EIRA SANTOS, JAIR		سسد مدھ	Name				 .	- -
	X 936121			Street Addre	ss (P 0. B	Box Number is Not Acceptable))		
MARGA	TE, FL 33063								
				City			FL	Zip Co	de
				1					
	named entity submits this statement for Signature, typed or printed name of registers.					both, in the State of Florida.		DATE	
SIGNATURE 9. This corp Tax filing		tered agent and title if applicable. ible FILE N After MAY	(NOTE:Red	gistere Agent signa IS \$150.00 will be \$550.0	ture require		~	, \$5.0	00 May Be d to Fees
9. This corp Tax filing (See crite	Signature, typed or printed name of regis oration is eligible to satisfy its Intangi requirement and elects to do so. eria on back) OFFICERS A	tered agent and title if applicable. ible FILE N After MAY Make Check P	(NOTE:Report NOTE:Report NOTE:	gistere Agent signa IS \$150.00 will be \$550.0 epartment of	ture require	ed when reinstating) 10. Election Campaign Fina	CERS AND	\$5.0 Adde	S IN 11
SIGNATURE 9. This corp Tax filing	Signature, typed or printed name of regist oration is eligible to satisfy its Intangi requirement and elects to do so. OFFICERS AFPSD DE OLIVEIRA SANTOS, JAIR	tered agent and title if applicable. ible FILE N After MAY Make Check P	(NOTE:Rep IOW! FEE 1, 2002 Fee ayable to Do 12.	igistere Agent signa IS \$150.00 will be \$550.0 epartment of	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	\$5.0 Adde	d to Fees
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. ible FILE N After MAY Make Check P	(NOTE:Rep IOW! FEE 1, 2002 Fee ayable to Do 12.	IS \$150.00 Will be \$550.0 epartment of	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	\$5.0 Adde	S IN 11
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. FILE N After MAY Make Check P ND DIRECTORS Delete	(NOTE:Rei	IS \$150.00 Will be \$550.0 epartment of E E EE ET ADDRESS - ST. ZIP E	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	\$5.0 Adde	S IN 11
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. FILE N After MAY Make Check P ND DIRECTORS Delete	(NOTE:Rei	IS \$150.00 will be \$550.0 epartment of E EEET ADDRESS ST- ZIP E EET ADDRESS ST-ZIP	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	\$5.0 Adde	S IN 11
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. FILE N After MAY Make Check P ND DIRECTORS Delete	(NOTE:Rep IOW! FEE 1, 2002 Fee ayable to Do 12. IIITLE NAMI STRE CITY. TITLE NAMI STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY	IS \$150.00 will be \$550.00 epartment of E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP)	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	\$5.0 Adde	d to Fées S IN 11 Addition Addition
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. FILE N After MAY Make Check P ND DIRECTORS Delete	(NOTE:Rei	IS \$150.00 will be \$550.00 epartment of E EEET ADDRESS STZIP E E ET ADDRESS STZIP E E ET ADDRESS STZIP	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	\$5.0 Adde	d to Fées S IN 11 Addition Addition
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. FILE N After MAY Make Check P ND DIRECTORS Delete Delete	(NOTE:Rei IOW! FEE 1, 2002 Fee ayable to De 12. 11TLE NAMI STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY	IS \$150.00 will be \$550.00 epartment of E EEET ADDRESS STZIP E E ET ADDRESS STZIP E E ET ADDRESS STZIP	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	S5.0 Adde	d to Fees S IN 11 Addition Addition
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. FILE N After MAY Make Check P ND DIRECTORS Delete Delete	(NOTE:Rei OW! FEE 1, 2002 Fee ayable to De 12. Title NAMI STRE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE	IS \$150.00 WILL be \$550.00 WILL be \$550.00 E BEET ADDRESS	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	S5.0 Adde	d to Fees S IN 11 Addition Addition
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. FILE N After MAY Make Check P ND DIRECTORS Delete Delete	(NOTE:Rei OW! FEE 1, 2002 Fee ayable to De 12. IIITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE STREE STREE STREE STREE STREE STREE	IS \$150.00 WILL be \$550.00 WILL be \$550.00 E BEET ADDRESS	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	\$5.0 Adde DIRECTOR Change Change	d to Fees S IN 11 Addition Addition Addition
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registoration is eligible to satisfy its Intanging requirement and elects to do so. OFFICERS AND DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121	tered agent and title if applicable. FILE N After MAY Make Check P ND DIRECTORS Delete Delete	(NOTE:Rei OW! FEE 1, 2002 Fee ayable to De 12. IIITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE STREE STREE STREE STREE STREE STREE	IS \$150.00 will be \$550.00 will be \$550.00 epartment of E EEE ADDRESSST-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP	ture require	ed when reinstating) 10. Election Campaign Fina Trust Fund Contribution	CERS AND	\$5.0 Adde DIRECTOR Change Change	d to Fees S IN 11 Addition Addition Addition

SIGNATURE: John Jair de Oliveira Santos - President

05/17/02

(954) 914-8714