

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000110369

1. Entity Name

OLIVEIRA PAVERS, INC.

FILED

02 MAY 28 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

301 NW 32ND COURT #208
POMPANO BEACH FL 33064

301 NW 32ND COURT #208
POMPANO BEACH FL 33064

2. Principal Place of Business

301 NW 32ND COURT

3. Mailing Address

P.O. BOX 936121

Suite Apt. #, etc.

208

Suite Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

MARGATE, FL

4. FEI Number

94-3380685

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE OLIVEIRA SANTOS, JAIR

301 NW 32ND COURT #208

POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

DE OLIVEIRA SANTOS, JAIR

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

P.O. BOX 936121

City

MARGATE

FL

Zip Code

33063

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: *Jair de Oliveira Santos*

05/17/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DE OLIVEIRA SANTOS, JAIR 301 NW 32ND COURT #208 POMPANO BEACH FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE OLIVEIRA SANTOS, JAIR P.O. BOX 936121 MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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-06/12/02--01005--004
*****300.00 *****300.00

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: *Jair de Oliveira Santos* 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.

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

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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(See criteria on back) ☐

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SIGNATURE: *Jair de Oliveira Santos*

Jair de Oliveira Santos - President

05/17/02

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