

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111157

1. Entity Name
W & S PAVERS, INC.

Principal Place of Business Mailing Address
4344 NW 9TH AVENUE BLDG 11 #3B 4344 NW 9TH AVENUE BLDG 11 #3B
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 651056819 Applied For Not Applicable

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

AQUILINO, JULIANA
3961 N FEDERAL HWY
POMPANO BEACH FL 33064

Name ~~TAX HOUSE~~
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 _____ DATE _____
Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PVST
NAME SANTOS, WAGNER ALBERTO
STREET ADDRESS 4344 NW 9TH AVENUE BLDG 11 #3B
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE D
NAME SANTOS, WAGNER ALBERTO
STREET ADDRESS 4344 NW 9TH AVENUE BLDG 11 #3B
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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: _____ Date 5/13/01 (954) 701 6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 21, 2001 8:00 am
Secretary of State

04-30-2001 90112 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)