**FILED**
**May 13, 2002 8:00 am**
**Secretary of State**
05-13-2002 90155 009 ***158.75

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055724

1. Entity Name
D & L PAVER ENTERPRISES INC

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 13151 SW 19 DR | 7481 SW 88 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIRAMAR FL | City & State: MIAMI FL |
| Zip: 33027 County: [illegible] | Zip: 33144-4427 County: US |

DO NOT WRITE IN THIS SPACE

4. I.R.S. Number: 31-1751116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: DANILO S. OJEDA

Street Address (P.O. Box Number is Not Acceptable): 13151 SW 19 DR

City: MIRAMAR FL Zip Code: 33027

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, type or print name of registered agent, and if applicable, title of officer. NOTE: Registered Agent signature is required when changing.

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | PTD |
| NAME | DANILO S. OJEDA |
| STREET ADDRESS | 13151 SW 19 DR |
| CITY-ST-ZIP | MIRAMAR FL 33027 US |
| TITLE | SD |
| NAME | LOURDES M. FIATO |
| STREET ADDRESS | 13151 SW 19 DR |
| CITY-ST-ZIP | MIRAMAR FL 33027 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 4/25/2002 (305) 219-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #