

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91616 003 ***150.00

DOCUMENT # P01000042076

1. Entity Name
DECO STONE PAVERS, INC.

Principal Place of Business

**13250 SW 131 ST STE 104
 MIAMI FL 33186**

Mailing Address

**13250 SW 131 ST STE 104
 MIAMI FL 33186**

2. Principal Place of Business

13250 S.W. 131 street

3. Mailing Address

13250 S.W. 131 street

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

U.S.

Zip

33186

Country

U.S.

4. FEI Number

65-1101820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PREVITI, PETER

5825 SUNSET DR STE 210

S MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

PREVITI, PETER

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

5825 SUNSET DR. SUITE 210

City

SOUTH MIAMI

FL

Zip Code

33143

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, 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, 2002 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 ☐ Delete
 NAME **D MONTEAGUT, RUDY**
 STREET ADDRESS **9321 SW 154 PL**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
 NAME **D CABRERA, GABRIEL**
 STREET ADDRESS **14767 SW 42 LN**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☒ Delete
 NAME **D RIDDELL, KAREN**
 STREET ADDRESS **13250 SW 131 ST STE 104**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)