

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90422 035 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000106597
 1. Entity Name
ALGARIN PAVERS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>250 W. SAMPLE Rd.</u>		3. Mailing Address <u>250 W SAMPLE Rd</u>	
Suite, Apt. #, etc. <u>A-125</u>		Suite, Apt. #, etc. <u>A-125</u>	
City & State <u>POMPANO BEACH, FL</u>		City & State <u>POMPANO BEACH, FL</u>	
Zip <u>33064</u>	Country <u>USA</u>	Zip <u>33064</u>	Country <u>USA</u>

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4. FEI Number
65-1150491

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
DESPACHANTE BRASILEIRO

Street Address (P.O. Box Number is Not Acceptable)
3561 N. FEDERAL Hwy

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 [Signature] DATE 05/10/02

Signature, typed or printed name of registered agent and title 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)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENTE</u> <u>GERARDO H. ALGARIN</u> <u>SAMB</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Gerardo Mexino Algarin DATE 05-01-02 (954) 520-0554

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

CR2E034B (12/01)