

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

FILED

03 NOV -7 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045153

1. Entity Name

GABRIEL CONCRETE & PAVERS, CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4740 NE 2ND WAY

3. Mailing Address
4740 NE 2ND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number 43-1958258

Applied For
Not Applicable

Zip
33064

Country
USA

Zip
33064

Country
USA

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

7. Name and Address of Current Registered Agent

Name JACONIAS G. DE OLIVEIRA

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

4740 NE 2ND WAY

City POMPANO BEACH

FL

Zip Code
33064

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

J. Oliveira

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/05/03

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, DIRECTOR
JACONIAS G. DE OLIVEIRA
4740 NE 2ND WAY
POMPANO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500024511235
11-07-03 01064-007 **150.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Oliveira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/03 754-224-3602

Date

Daytime Phone #

CR22534R (12/02)

4740 NE 2nd Way
Pompano Beach, FL 33064

RE: GABRIEL CONCRETE & PAVERS, CORP.

P02000045153

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE
THE UNIFORM BUSINESS REPORT NOTICE. PLEASE CHECK IN YOUR
RECORDS TO SEE IF YOU HAVE THE RIGHT ADDRESS.

MY ADDRESS: 4740 NE 2nd Way
Pompano Beach, FL 33064

SINCERELY,

Jaconias G. De Oliveira