

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90120 025 \*\*\*150.00

**DOCUMENT # P02000089853**



1. Entity Name  
**VIP PAVERS, INC.**

Principal Place of Business  
**5030A SANCTURY WAY  
WEST PALM BEACH FL 33417**

Mailing Address  
**5030A SANCTURY WAY  
WEST PALM BEACH FL 33417**



2. Principal Place of Business  
**2435 16th Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2435 16th Ave.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH FL**  
Zip  
**32960**  
Country  
**INDIAN RIVER**

City & State  
**VERO BEACH FL**  
Zip  
**32960**  
Country  
**INDIAN RIVER**

4. FEI Number  
**01-0741233**  
Applied For  
☐ Not Applicable

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

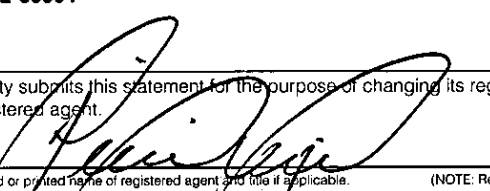
6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION  
3929 N. FEDERAL HWY  
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name  
**Paulo Ramos**  
Street Address (P.O. Box Number is Not Acceptable)  
**2435 16th Ave**  
City  
**VERO BEACH** **FL** Zip Code  
**32960**

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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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  
**PD  
RAMOS, PAULO C  
5030A SANCTURY WAY  
WEST PALM BEACH FL 33417** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**2435 16th Ave  
VERO BEACH, FL 32960**

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

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

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

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

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

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 Block 11 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

**3-17-03** **772-569-6541**  
Date Daytime Phone #

CR2E034 (10/02)