

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-14-2003 90338 029 ***150.00

DOCUMENT # P02000121451

1. Entity Name
BAIA PAVERS CORPORATION



Principal Place of Business
4089 NW 22ND ST.
COCONUT CREEK FL 33066

Mailing Address
4089 NW 22ND ST.
COCONUT CREEK FL 33066

2. Principal Place of Business
4089 NW 22ND ST
Suite, Apt. #, etc.
COCONUT CREEK
City & State
COCONUT CREEK, FL
Zip
33066

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1046097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE OLIVEIRA, PEDRO P
4089 NW 22ND ST.
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name PEDRO PAULO DE OLIVEIRA A
Street Address (P.O. Box Number is Not Acceptable)
4089 NW 22ND ST
COCONUT CREEK, FL
City FL Zip Code 33066

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, PEDRO P	
STREET ADDRESS	4089 NW 22ND ST.	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	PD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-03 19545200554
Date Daytime Phone

CR2E034 (10/02)