

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91174 024 ***150.00

DOCUMENT # P93000076305
1. Entity Name
 GOLD COAST PAVERS, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 12315 SW 133 CT 12315 SW 133 CT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Miami, FL Miami, FL
Zip **Country** **Zip** **Country**
 33180 USA 33180 USA

4. FEI Number **Applied For**
 65-0449204 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 DE OVIN, MANUEL
 18336 S.W. 136th Court
 Miami, FL 33177

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DE OVIN, MANUEL	
STREET ADDRESS	18336 S.W. 136th Court	
CITY-ST-ZIP	Miami, FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERENGUER, SYLVIA	
STREET ADDRESS	18336 S.W. 136th Court	
CITY-ST-ZIP	Miami, FL 33177	
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		

12. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **Manuel de Ovin** **15/15/01** **305/238 5545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

GOLD COAST PAVERS, INC.
16115 S.W. 117TH AVENUE
SUITE 26-A
MIAMI, FL 33177

Attachment
P93000076305
A007127

May 2nd, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

RE: Gold Coast Pavers, Inc.
Document #P93000076305
2001 Profit Corporation Annual Report


Gentlemen:

Enclosed find our 2001 Annual Report and our \$150.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly never received it.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,


Mr. Manuel De Ovin
Director