

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074218

1. Entity Name

PAVER MOTION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90283 011 ***158.75

Principal Place of Business

Mailing Address

559 NW 39TH AVE
DEERFIELD BEACH FL 33442
US

559 NW 39TH AVE
DEERFIELD BEACH FL 33442-7342
US

2. Principal Place of Business

3. Mailing Address

6601 Lyons Road

6601 Lyons Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite H-10

Suite H-10

Coconut Creek, FL

Coconut Creek, FL

Zip

Country

Zip

Country

33073

USA

33073

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCCAFUSCO, RAYMOND
559 NW 39TH AVE
DEERFIELD BEACH FL 33442

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS BUCCAFUSCO, RAYMOND
CITY-ST-ZIP 12902 HYLAND CIRCLE
BOCA RATON FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS GUERASIO, JOHN
CITY-ST-ZIP 559 NW 39TH AVE
DEERFIELD BEACH FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS MARCONI, CHARLES
CITY-ST-ZIP 767 RIVER DELL RD
ORDELL N.

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

TITLE ☐ Delete
NAME T
STREET ADDRESS GIORDANO, NATHANIAL
CITY-ST-ZIP 360 W. 36TH ST.
NEW YORK NY 10018

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)