

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90093 032 \*\*\*150.00

**DOCUMENT # P95000024202**

1. Entity Name

**PAVI MARBLE & TILE, INC.**

Principal Place of Business

Mailing Address

163 GRANADA AVE.  
 FT. LAUDERDALE FL 33326

163 GRANADA AVE.  
 FT. LAUDERDALE FL 33326

2. Principal Place of Business

3. Mailing Address

3611 Oaks Clubhouse dr.  
 Suite, Apt. #, etc. Apt 101

City & State Pompano Beach FL

City & State Pompano Beach FL

Zip Country 33069 U.S.A

Zip Country 33069 U.S.A

4. FEI Number 65-0568630

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAISSE, CHRISTIAN  
 163 GRANADA AVE.  
 FT. LAUDERDALE FL 33326

Name Paisse Christian  
 Street Address (P.O. Box Number is Not Acceptable)  
 3611 Oaks Clubhouse drive  
 Apt 101  
 City Pompano Beach FL Zip Code 33069

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 *Christian Paisse*

01-04-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
 NAME PAISSE, CHRISTIAN  
 STREET ADDRESS 163 GRANADA AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Delete

TITLE D  
 NAME Christian Paisse ☒ Change ☐ Addition  
 STREET ADDRESS 3611 Oaks Clubhouse dr # 101  
 CITY-ST-ZIP Pompano Beach FL 33069

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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: *Christian Paisse* 01-04-01 954-972-4862  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0136072

CR2E034 (10/00)