2000 UNIFORM BUSINESS REPORT (UBR)

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FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P95000043011 H & J PAVING OF FLORIDA CORP. 05-03-2000 90109 008 ***158.75 Mailing Address Principal Place of Business 3500 NW 46TH ST. 3500 NW 46TH ST. MIAMI FL 33142-3942 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0588282 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LORENZO, JORGE A Street Address (P.O. Box Number is Not Acceptable) 4310 N.W. 35TH AVENUE **MIAMI FL 33142** Zip Code FL ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE DATE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Detete TITLE TITLE LORENZO, JORGE A NAME NAME STREET ADDRESS 4310 N.W. 35TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing doe indicated on this report or supplemental eport is true and accurate the corporation or the receiver or trustee empowered of executions. not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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