## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P95000077056 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** PAVE MACHINES, INC. 03-24-2000 90064 045 \*\*\*150.00 Principal Place of Business Mailing Address 782 N.W. 42ND AVE. 782 N.W. 42ND AVE. SUITE 407 => 2 8 MIAMI FL 33126-5549 SUITE YOR MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 42 na Ave 782 NW 42nd 82 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 328 Applied For Cify & State 4. FEI Number City & State 65-0655929 1Ami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33 1 Z G 33126 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOLANO, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42ND AVENUE Suite \$328 **MIAMI FL 33126** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE SCARZELLA, EDUARDO R NAME NAME 782 N.W. 42ND AVENUE SUITE # 328 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33126 CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE SCARZELLA, ADRIANA H NAME 782 N.W. 42ND AVENUE SUITE # 328 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Change ☐ Addition Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: =

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/00 (301)441-1604