## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000070040

1. Corporation Name

MR PAVERS, INC.

## **FILED** Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90041 046 \*\*\*150.00



Principal Place	e of Business	Maning Address					
3111 N.W. 54TH TERRACE 3111 N.W. 54TH T							
MARGATE FL 33063 MARGATE FL 33063				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	ITIIO OF AGE	
					08/21/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	✓ Apr	olied For
21 289	0 NW 75 AVE	26 2830-UW	75.	AVE-	65-0689146		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	I
22 27					G. Germenie er etates seemes	Fee Red	quired
City & State City & State			//		6. Election Campaign Financing	\$5.00	
23 MAK	LANGATE FRIMINA 28 MANGAR		210m09		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		
24 330	063 25 BROWARD	29 33063 30	pro	WAND	Personal Property Tax.		□No
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
מוחר	IDO MADOU IO		81	Name			1
RIBEIRO, MARCILIO				Street Addr	ress (P.O. Box Number is Not Acceptable)		
3111 N.W. 54TH TERRACE							
MAH	GATE FL 33063		83	ļ			Ţ
	•		84	City	274	85 Zip C	ode
			- 1			FL	}
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purpo	ose of changing its	registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD DELETE 1.1 TO		1.1 TITLE	ļ		☐ Change	☐ Addition
NAME	RIBEIRO, MARCILIO		1.2 NAME		_		1
STREET ADDRESS	s 3111 N.W. 54TH TERRACE		1.3 STREET ADDRESS		SAME		1
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-S	T-ZIP	SAME		
TITLE			2.1 TITLE			Change	☐ Addition
NAME	CONTROL TO TOPEN LINE - LINE CONTROL OF THE SECOND		2.2 NAME	١.			_
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-8	ST-ZIP			
TITLE		☐ DELETE	3.1 ₹ITLE			☐ Change	Addition
NAME			3.2 NAME	Ì			
STREET ADORESS			3.3 STREE	TADDRESS			Į
CITY-ST-ZIP	•		3.4. CITY-5	ST-ZIP_			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	-		4.3 STREE	TADORESS		•	
CITY-ST-ZIP			4.4 CITY-S	J			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	,		5.3 STREE	T ADDRESS			1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			\
TILE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	,		6.2 NAME	į		_	
STREET ADDRESS				TADDRESS			
			6.4 CITY-S				ļ
CITY-ST-ZiP			3.7 0 1-0				,

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR