

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91520 010 ***150.00

DOCUMENT # P96000070040

1. Entity Name
MR PAVERS, INC.



Principal Place of Business
**8106 NW 38TH ST.
CORAL SPRINGS, FL 33065**

Mailing Address
**8106 NW 38TH ST.
CORAL SPRINGS, FL 33065**

2. Principal Place of Business
22442 SEABASS DR
Suite, Apt. #, etc.

3. Mailing Address
22442 SEABASS DR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON
Zip
33428 Country
USA

City & State
BOCA RATON
Zip
33428 Country
USA

4. FEI Number
65-0689146
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
RIBEIRO, MARCILIO
8106 N.W. 75TH AVE.
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name
RIBEIRO, MARCILIO
Street Address (P.O. Box Number is Not Acceptable)
22442 SEABASS DR
City
BOCA RATON FL Zip Code
33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **04/23/03** **04/23/03**
(NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIBEIRO, MARCILIO 8106 N.W. 75TH AVE. CORAL SPRINGS, FL 33065 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIBEIRO, MARCILIO 22442 SEABASS DR BOCA RATON, FL 33428 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **04/23/03** **5589227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E034 (10/02)