

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021743

1. Entity Name  
**PAVERS PLUS, INC.**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
03-22-2000 90219 033 \*\*\*150.00

Principal Place of Business  
**385 SW 31ST AVE  
DEERFIELD BEACH FL 33442**

Mailing Address  
**385 SW 31ST AVE  
DEERFIELD BEACH FL 33442-2346**

2. Principal Place of Business  
**1900 BANKS RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1900 BANKS RD**  
Suite, Apt. #, etc.

City & State  
**MARGATE, FL**  
Zip  
**33444**

Country  
**Broward**

City & State  
**MARGATE, FL**  
Zip  
**33444**

Country  
**Broward**

4. FEI Number **65-0734711**

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

**PAPPALARDO, JOSEPH  
385 SW 31ST AVE  
DEERFIELD BEACH FL 33442**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1900**  
City **FL** Zip Code

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D VIEIRA, SHAWN 385 SW 31ST AVE DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1900 BANKS RD MARGATE FL 33444</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Shawn D. Vieira**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-00**

Date

Daytime Phone #

CR2E034 (9/99)