

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90441 038 ***150.00

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DOCUMENT # P97000021743

1. Entity Name
PAVERS PLUS, INC.



Principal Place of Business
1900 BANKS ROAD
MARGATE FL 38442

Mailing Address
1900 BANKS ROAD
MARGATE FL 38442



2. Principal Place of Business

3. Mailing Address

1627 S. Dixie Hwy 1627 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0734711**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~**RAPPALARDO, JOSEPH**~~
~~**385 SW 31ST AVE**~~
~~**DEERFIELD BEACH FL 33448**~~

Name **Shawn D. Vieira**

Street Address (P.O. Box Number is Not Acceptable)

1627 S. Dixie Hwy

City

Pompano Beh. FL

Zip Code

33060

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

Shawn D. Vieira

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VIEIRA, SHAWN**
STREET ADDRESS **385 SW 31ST AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D** ☐ Change ☐ Addition
NAME **Shawn Vieira**
STREET ADDRESS **1620 S. Dixie Hwy**
CITY-ST-ZIP **Pompano Beh., FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Shawn D. Vieira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 954-9424200

Date

Daytime Phone #

CR2E034 (10/02)