

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90024 025 \*\*\*150.00

DOCUMENT # **P97000073111**

1. Entity Name  
**PABLO PAVING CORP.**

Principal Place of Business

**960 E 20 STREET  
 HIALEAH FL 33013**

Mailing Address

**960 E 20 STREET  
 HIALEAH FL 33013**

2. Principal Place of Business

**1300 W 47 ST  
 Suite, Apt. #, etc. #110**

3. Mailing Address

**1300 W 47 ST  
 Suite, Apt. #, etc. #110**

City & State

**Hialeah, FL**

City & State

**Hialeah, FL**

Zip

**33012**

Country

Zip

**33012**

Country

4. FEI Number

**65-0776914**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FERNANDEZ, PABLO  
 960 E 20 STREET  
 HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

**Pablo Fernandez**

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

**1300 W 47 ST #110**

City

**Hialeah**

FL

Zip Code

**33012**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/13/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**to**

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FERNANDEZ, PABLO	960 E 20 STREET	HIALEAH FL 33013	<input type="checkbox"/>
SD	FERNANDEZ, PABLO JR	861 E 41 STREET	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/13/02**

Daytime Phone #

CR2E034 (9/01)