

03-19-2003 90140 047 ***150.00

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

DOCUMENT # P97000073111

1. Entity Name
PABLO PAVING CORP.



Principal Place of Business
 1300 W 47 ST
 110
 HIALEAH, FL 33012

Mailing Address
 1300 W 47 ST
 110
 HIALEAH, FL 33012



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4050 NW 135 ST
 Suite, Apt. #, etc.
923
 City & State
OPA LOCKA FL
 Zip
33054

3. Mailing Address
4050 NW 135 ST
 Suite, Apt. #, etc.
923
 City & State
OPA LOCKA FL
 Zip
33054

4. FEI Number
65-0776914

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FERNANDEZ, PABLO
 1300 W 47 ST
 110
 HIALEAH, FL 33012

7. Name and Address of New Registered Agent
 Name **PABLO FERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
4050 NW 135 ST # 923
 City **OPA LOCKA** **FL** Zip Code **33054**

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]* DATE **3/15/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$350.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, PABLO 800 E 20 STREET HIALEAH, FL 33013 <i>4050 NW 135 ST # 923 OPA LOCKA, FL 33054</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, PABLO JR 861 E 41 STREET HIALEAH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE **3/15/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)