

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97 000090616**

1. Entity Name

Pavers and more, Inc.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90001 028 ***150.00

Principal Place of Business

Mailing Address

216 S. Federal Hwy
Pompano Bch, Fl. 33062

2. Principal Place of Business

216 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch, Fl

City & State

Same

4. FEI Number

65-0790508

Applied For

☐ Not Applicable

Zip

33062

Country

USA

Zip

33062

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Richard P. Greene, PA
2455 E. Sunrise Blvd, #905
Ft. Land, Fl. 33304

7. Name and Address of New Registered Agent

Name **Joey M. Hammett**
Street Address (P.O. Box Number is Not Acceptable)
10920 Taft Street
City **Pembroke Pines** **FL** Zip Code **33026**

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

Richard P. Greene

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

(NOTE: Registered Agent signature required when reinstating)

4/4/00

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Joey M. Hammett	
STREET ADDRESS	10920 Taft Street	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Paulo I. Lins	
STREET ADDRESS	3361 NE 13 Ave	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	James Shagie	
STREET ADDRESS	10601 NW 22 St	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paulo I. Lins	
STREET ADDRESS	3361 NE 13 Ave	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	Secretary/Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly S. Rudnick	
STREET ADDRESS	1600 NE 40 St	
CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joey M. Hammett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 954-567-2837

Date

Daytime Phone #

CRZE034 (9/99)