

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000007899**

1. Entity Name

FLORIDA PAVERS & DESIGN, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90034 008 ***150.00

Principal Place of Business

3105 NW 4TH AVE. APT 1
POMPANO BEACH FL 33064

Mailing Address

3105 NW 4TH AVE. APT 1
POMPANO BEACH FL 33064-2557

2. Principal Place of Business

4411 NW 6 AVE

Suite, Apt. #, etc.

3. Mailing Address

4411 NW 6 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch FL

City & State

Pompano Bch FL

4. FEI Number

65-0813591

Applied For

Not Applicable

Zip

33064 Broward

Zip

33064 Broward

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAS, FABIO
3105 NW 4TH AVE, APT 1
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

DIAS, FABIO

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

4411 NW 6 AVE

City

Pompano Bch

FL

Zip Code

33064

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

TITLE **P** ☐ Delete
NAME **DIAS, FABIO**
STREET ADDRESS **4411 NW 6 AVE**
CITY-ST-ZIP **POMPANO BCH FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **DIAS, FABIO**
STREET ADDRESS **4411 NW 6 AVE**
CITY-ST-ZIP **Pompano Bch FL 33064**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Fabio Dias** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24 2000 954-520 0005

Date

Daytime Phone #

CR2E034 (9/99)