

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014940

1. Entity Name

P. J. PAVERS, INC.

Principal Place of Business

Mailing Address

8402 W. Sample Rd # 139
Coral Springs, FL 33065

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0813140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Paulo Moreira
8402 W. Sample Rd # 139
Coral Springs, FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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/D ☒ Delete
NAME Joao Hunter
STREET ADDRESS 219 NE 19th Ave # B
CITY-ST-ZIP Pompano Beach, FL 33060

TITLE P/V/T/S/D ☐ Delete
NAME Paulo Moreira
STREET ADDRESS 8402 W. Sample Rd # 139
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/2000

(954) 341-8749

Date

Daytime Phone #

FILED

00 NOV 20 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

2082
P98-14940
Boca Raton - Florida, November 07, 2000

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:


P.J. PAVERS, INC.
Doc. # P98000014940

When I looked up this Incorporation on the Internet I
noticed that the Uniform Business Report was not filed for this
year. I would like to inform you, that I never received the form
for the year 2,000.

Since this wasn't my intention, I would like to ask you to
please wave the Reinstatement Fee, as I am sending you the total
amount of US\$ 150.00, which includes this years' fee plus the
completed Form. I would like to ask you to please consider this,
and file this UBR Form as soon as possible.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,


P.J. PAVERS, INC.
PAULO MOREIRA
President
8402 W SAMPLE ROAD SUITE # 139
CORAL SPRINGS, FL 33065
Phone: (954) 341-8749