

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P9 14940

1. Entity Name

P.J. PAVERS, INC.

FILED

02 FEB 26 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8402 W. Sample RD Apt #139
Coral Springs, FL 33065

Mailing Address

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

7. Name and Address of New Registered Agent

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

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 \$150.00

After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/VP/T/S/D
Paulo Moreira
8402 W. Sample RD Apt #139
Coral Springs, FL 33065

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600005081536--8
-03/11/02--01076--022
****300.00 ****300.00

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

1/16/02

CP25024 (11/00)

- Do Not Remove -

Pg 2

Coral Springs-FL, January 16, 2002.

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:

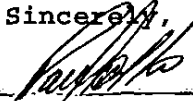
P.J. PAVERS, INC.
P98000014940

Our corporation has its articles filed with Florida department of
State-Division of Corporation on 02/16/1998.
Unfortunately, we never received the first notice, of our 2001
UBR form; and we did not know that we must pay it annual year.
This is the Third time we are renewing our corporation.

As this happened against our will, we would like to ask you
please wave the Reinstatement Fee, as I am sending you the amount
of US\$ 150.00, plus the completed Form. I would like to ask you
to please consider this, and file these as soon as possible. And
please send me a New UBR from 2002.

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

Sincerely,


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