

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015690

1. Entity Name

CLASSIC PAVERS & DESIGN, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90286 021 ***158.75

Principal Place of Business

Mailing Address

66601 LYONS ROAD STE. H-10
COCONUT CREEK FL 33073

66601 LYONS ROAD STE. H-10
COCONUT CREEK FL 33073

2. Principal Place of Business

3. Mailing Address

6601 Lyons Rd
Ste. H-10

6601 Lyons Rd
Ste. H-10

Coconut Crk, FL

Coconut Crk, FL

Zip 33073 Country USA

Zip 33073 Country USA

4. FEI Number

65-0813635

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

BUCCAFUSCO, RAY
66601 LYONS ROAD STE. H-10
COCONUT CREEK FL 33073

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BUCCAFUSCO, RAY
STREET ADDRESS 66601 LYONS ROAD STE. H-10
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME GLUASIO, JOHN
STREET ADDRESS 559 NW 39TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME MARCONI, CHARLES
STREET ADDRESS 767 RIVER DELL DR
CITY-ST-ZIP ORADELL NJ 07649

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME GIORDANO, NATANIEL
STREET ADDRESS 360 W 36 ST
CITY-ST-ZIP NEW YORK NY 10018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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 #

4-28-00 954-429-1665

CR2E034 (9/99)