

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027867

1. Entity Name

A&C FLORIDA PAVERS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90406 036 ***150.00

Principal Place of Business

6261 W. ATLANTIC BLVD
 SUITE 207
 MARGATE FL 33063

Mailing Address

6261 W. ATLANTIC BLVD
 SUITE 207
 MARGATE FL 33063

00054815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4260 NE 7 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

4260 NE 7 AVENUE

Suite, Apt. #, etc.

City & State

Oakland Park FL

Zip
 33334

Country
 USA

City & State

Oakland Park, FL

Zip
 33334

Country
 USA

4. FEI Number 65-0826567

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

RICETTI, AIDA D

6261 W. ATLANTIC BLVD.
 SUITE 207
 MARGATE FL 33063

4260 NE 7TH AVE
 OAKLAND PARK, FL 33334

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: AIDA D RICETTI AIDA D RICETTI PRESIDENT

4/30/01

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 ☐ Delete
 NAME P
 STREET ADDRESS RICETTI, AIDA D
 CITY-ST-ZIP 6261 W. ATLANTIC BLVD., #207
 MARGATE FL 33063

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4260 NE 7 AVENUE
 CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS SANTOS, JOSE C
 CITY-ST-ZIP 6191 NW 2ND STREET
 MARGATE FL 33063

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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: AIDA D RICETTI AIDA D RICETTI

4/30/01 954 568 5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)