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Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90002 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000071762**

1. Corporation Name

JJM Pavers, INC

Principal Place of Business

Mailing Address

**3001 NW 51st Terrace
Suite 2
Pompano Beach - FL 33064**

**3001 NW 51st Ter
Suite 2
Pompano Beach - FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/18/98

2. Principal Place of Business

2a. Mailing Address

801 Crystal Lake Dr

801 Crystal Lake Drive

4. FEI Number

65-0857525

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

Pompano Beach - FL

Pompano Beach - FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

33064

USA

33064

USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERI LAWYER
343 Almenia Avenue
Coral Gables - FL 33134**

81 Name

JULIANA AQUILINO

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

3961 N. Federal Hwy

83

84 City

Pompano Beach FL

85 Zip Code

33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Juliana Aquilino

9/8/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PSTD**
STREET ADDRESS **JASON MONTEIRO**
CITY-ST-ZIP **3001 NW 51st Ter - Suite 2
Pompano Beach - FL 33064**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PSTD**
1.3 STREET ADDRESS **JASON J MONTEIRO**
1.4 CITY-ST-ZIP **801 Crystal Lake Drive
Pompano Beach - FL 33064**

TITLE ☐ DELETE
NAME **ANA L RODRIGUES**
STREET ADDRESS **3001 NW 51st Ter - Suite 2**
CITY-ST-ZIP **Pompano Beach - FL 33064**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD - JASON J. MONTEIRO**
2.3 STREET ADDRESS **801 Crystal Lake Drive**
2.4 CITY-ST-ZIP **Pompano Beach - FL 33064**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/99

954-786-7182

Date

Daytime Phone #

CR2E034 (1/98)

P98000071762
615738

9/08/99

NUM: P98000071762

NAME: J.J.M. PAVERS, INC.

DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
Tallahassee, FL 32314

DEAR SIR/MADAM:

This is in regard to the NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION. I have never received the first Notice. I am submitting my check to your dept of \$150.00, please accept it along with the name change that our company has gone through.

I am sending you \$150.00 for the Annual Report .

Thank You,



MONTEIRO, JASON J-PRESIDENT