

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
 06-09-2000 90219 017 ***150.00

DOCUMENT # **JJM PAVERS, INC**
1. Entity Name
P98000071762

Principal Place of Business **JJM PAVERS**
801 Crystal Lake Drive
Pompano Beach - FL 33064

2. Principal Place of Business **JJM PAVERS**
801 Crystal Lake Dr
Suite, Apt. #, etc.
Pompano Beach - FL 33064

3. Mailing Address **JJM PAVERS**
801 Crystal Lake Dr
Suite, Apt. #, etc.
Pompano Beach - FL 33064

4. FEI Number **65-0857525**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JULIANA AQUILINO
3861 N. Federal Hwy
Pompano Beach - FL 33064

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 *Juliana Aquilino*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PSTD	MONTIERO, JASON J	801 Crystal Lake Dr	Pompano Beach - FL 33064
VD	Monteiro, Jason J	801 Crystal Lake Dr	Pompano Beach - FL 33064

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PSTD	MONTIERO, JASON J	801 Crystal Lake Dr	Pompano Beach - FL 33064

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]* **06/02/00** **954-786-718**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)