07141999-90010-009-\$150.00-\$150.00

CURPURATION ANNUAL REPORT 1999



## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT#**

SOUTH FLORIDA PAVING CONTRACTORS, INC. C 1981/18 DE 100 INTO COURT OFFICE CONTRACTOR OF THE BUILD BUILD ONLY TOWN Mailing Address Principal Place of Business 802 N.W. 87 AVE. #412 802 N.W. 87 AVE. #412 MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1998 Applied For 2s. Malling Address 4. FEI Number 2. Principal Place of Business Not Applicable 65 0880574 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00-May-Be-6. Election Campaign Financing City & State City & State .... Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Zip. Zip Intangible Personal Property. Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARTINEZ, MOISES Street Address (P.O. Box Number is Not Acceptable) 802 N.W. 87 AVE. #412 MIAMI FL 33172 83 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (2/66) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 12 NAME MARTINEZ, MOISES NAME 1.3 STREET ADDRESS 802 N.W. 87 AVE. #412 STREET ADDRESS MIAMI FL 33172 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 2.1 TITLE DELETE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE DELETE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 5.1 TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.2 NAME NAME **8.3 STREET ADDRESS** 

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)(1), 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 each; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or arrest exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information in the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or arrest exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information in the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or arrest exemption stated in section 119.07(3)(1), Florida Statutes.

STREET ADDRESS

FILED

Jul 14, 1999 8:00 am

**Secretary of State** 

07-14-1999 90010 009 \*\*\*150.00