

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90036 031 ***150.00

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 AV

DOCUMENT # P98000095655

1. Entity Name

SOUTH FLORIDA PAVING CONTRACTORS, INC.

Principal Place of Business

Mailing Address

~~802 N.W. 87 AVE. #412~~
~~MIAMI FL 33172~~

~~802 N.W. 87 AVE. #412~~
~~MIAMI FL 33172~~

2. Principal Place of Business

13214 S.W. 13th ST

3. Mailing Address

P.O. Box. 940956

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0880574

Applied For

Not Applicable

Zip

33184

Country

USA

Zip

33194

Country

USA

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

MARTINEZ, MOISES

~~802 N.W. 87 AVE. #412~~
~~MIAMI FL 33172~~

13214 SW 13th ST
MIAMI FL 33184

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, 2002 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 **P** ☐ Delete
 NAME **MARTINEZ, MOISES**
 STREET ADDRESS ~~802 N.W. 87 AVE. #412~~ **13214 SW 13th ST**
 CITY-ST-ZIP ~~MIAMI FL 33172~~ **MIAMI FL 33184**

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

TITLE ☐ Delete
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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]

MOISES MARTINEZ Pres. 2/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 552-9199
305 222-4705

CR2E034 (9/01)