2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 31, 2000 8:00 am Secretary of State DOCUMENT # P9900001755 FLORIDA PAVERS & STONE, INC. 03-31-2000 90064 026 ***150.00 Mailing Address Principal Place of Business 3501 S.W. 40TH AVENUE 3501 S.W. 40TH AVENUE HOLLYWOOD FL 33023-5625 HOLLYWOOD FL 33023 C0048925 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOMERDING, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3501 S.W. 40TH AVENUE HOLLYWOOD FL 33023 Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name itity submits this stateme SIGNATURE ered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition PD TITLE TITLE ☐ Delete HOMERDING, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 3501 S.W. 40TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE -☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 with all other # changed, or on an attachment

Date

Daytime Phone #