

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035483

1. Entity Name

PAVER SERVICES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90149 026 ***150.00

Principal Place of Business

1510 NE 35TH STREET
POMPANO BEACH FL 33064

Mailing Address

1510 NE 35TH STREET
POMPANO BEACH FL 33064-6239

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0911683

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

NUNEZ, LOURDES
521 N. RIVERSIDE DRIVE
#208
POMPANO BEACH FL 33062

521 N. Riverside Dr.

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, 2000 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 VP
NAME Tuck Schwimmer
STREET ADDRESS Fort Lauderdale FL
CITY-ST-ZIP

TITLE D
NAME Neil HAAS
STREET ADDRESS 6631 NW 31 way
CITY-ST-ZIP Ft. Lauderdale FL 33304

TITLE P
NAME LOURDES NUNEZ
STREET ADDRESS 521 N. RIVERSIDE DR
CITY-ST-ZIP Pompano Bch FL 33062

TITLE
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CITY-ST-ZIP

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:

Loures Nunez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00
Date

984-5198150
Daytime Phone #

CR2E034 (9/99)