

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000040718**

1. Entity Name
LOMEU PAVERS, INC.

Principal Place of Business
**301 NW 32nd Ct
Apt 207
Pompano Beach - FL 33064**

2. Principal Place of Business
**301 NW 32nd Ct
Suite, Apt. #, etc.
Apt 207
City & State
Pompano Beach - FL
Zip
33064**

6. Name and Address of Current Registered Agent
**Spiegel & Uther, P. A.
343 Almenia Avenue
Coral Gables - FL 33134**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
☐ (See criteria on back)

11. OFFICERS AND DIRECTORS		
TITLE PSTD	<input type="checkbox"/> Delete	
NAME LOMEU, AMAURILIO A		
STREET ADDRESS 301 NW 32nd Ct #207		
CITY-ST-ZIP Pompano Beach - FL 33064		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LOMEU, AMAURILIO A		
STREET ADDRESS 301 NW 32nd Ct #207		
CITY-ST-ZIP Pompano Beach - FL 33064		
TITLE VICE-PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME LOMEU, MAURO DONATO		
STREET ADDRESS 301 NW 32nd Ct #207		
CITY-ST-ZIP Pompano Beach - FL 33064		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
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: Amaurilio Lomeu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00 **954-786-7180**
Date Daytime Phone #

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90081 001 ***150.00
08-02-2000 90081 002 *****8.75

19189

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0917231

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **Juliana Aquilino**
Street Address (P.O. Box Number is Not Acceptable)
3961 N. Federal Hwy
City **Pompano Beach** FL Zip Code **33064**

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

CR2E034 (9/99)

Doc# P99000040718
19189

7/21/00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
C/O REINSTATEMENT DEPT
PO BOX 6327
TALLAHASSEE, FL 32314

REF: P99000040718
LOMEU PAVERS, INC.

TO THE REINSTATEMENT DEPT:

This letter is to request a waiver of the penalty charges that incurred in my corporation. The reason for this request is that I did not receive the 2000 Annual report statement form.

I am enclosing a check for \$150.00 to cover for the reinstatement.

I thank you in anticipation and may God Bless You! Sincerely,

Amaurilio Lomeu

Amaurilio Lomeu