

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P99000044126**

1. Entity Name

**MONCLOVA PAVERS, INC.**

Principal Place of Business

**412 SKYWOOD DRIVE UNIT #8  
VALRICO, FL 33594**

Mailing Address

**7143 SWARTBURG ROAD  
NORTH PORT, FL 34286**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
03 NOV 10 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3574808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION  
1261 E SAMPLE ROAD  
POMPAHO BEACH FL 33064**

7. Name and Address of New Registered Agent

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, type or print name of registered agent and title if applicable.

**VITOR BIDART - ACCOUNTANT**

**11/07/03**

(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, 2003 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 **PD** ☐ Delete  
NAME **MENCHACA, JESUS**  
STREET ADDRESS **7143 SWATBURG RD**  
CITY-ST-ZIP **NORTH PORT, FL 34286**

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

TITLE **VD** ☐ Delete  
NAME **SANCHES, HECTOR**  
STREET ADDRESS **412 SKYWOOD DRIVE UNIT #8**  
CITY-ST-ZIP **VALRICO, FL 33594**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JESUS MENCHACA**

**JESUS MENCHACA - PRESIDENT**

**11/07/03**

**(813) 293-2925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2003 Uniform Business Report (UBR)  
P.O. BOX 6327  
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2003*

**P99000044126**

**MONCLOVA PAVERS, INC.**


To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Annual Report Form, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,

  
JESUS MENCHACA - PRESIDENT  
7143 SWTURTBURG RD  
NORTH PORT FL 34286