

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/3.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90182 004 \*\*\*150.00

**DOCUMENT # P99000053474**

1. Entity Name

**SOUTH FLORIDA PAVERS & SEALING, INC.**

Principal Place of Business

1299 SW 44TH TERRACE  
 DEERFIELD BEACH FL 33442

Mailing Address

1299 SW 44TH TERRACE  
 DEERFIELD BEACH FL 33442-8200

2. Principal Place of Business

1299 SW 44TH TERRACE

Suite, Apt. #, etc.

City & State

Deerfield FL

Zip  
 33442

Country  
 USA

3. Mailing Address

1299 SW 44TH TERRACE

Suite, Apt. #, etc.

City & State

Deerfield FL

Zip  
 33442

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0917974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GOULART, MARCELO SOUZA**  
 1299 SW 44TH TERRACE  
 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

MARCELO SOUZA GOULART

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

1299 SW 44TH TERRACE

City

Deerfield Beach

FL

Zip Code

33442

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOULART, MARCELO SOUZA	
STREET ADDRESS	1299 SW 44TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PS	<input type="checkbox"/> Delete
NAME	GOULART, MARCELO SOUZA	
STREET ADDRESS	1299 SW 44TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GOULART, MARCELO SOUZA	
STREET ADDRESS	1299 SW 44TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-00

Date

(904) 234-3842

Daytime Phone #

CR2E034 (9/99)