

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000067288

1. Entity Name

B.O.B. PAVERS CORPORATION

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90436 015 ***150.00

Principal Place of Business

Mailing Address

2614 N.W. 68TH AVE.

2614 N.W. 68TH AVE

MARGATE, FL 33063

MARGATE, FL 33063

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0934004

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

OLIVEIRA BARREIROS, BENILDO

2614 N.W. 68TH AVE.

MARGATE FL 33063

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, typed or printed name of registered agent and title if applicable.

(NOTE: Register 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, 2002 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 | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLIVEIRO BARREIROS, BENILDO | NAME | |
| STREET ADDRESS | 2614 N.W. 68TH AVE. | STREET ADDRESS | |
| CITY-ST-ZIP | MARGATE FL 33063 | CITY-ST-ZIP | |
| TITLE | VST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLIVEIRO BARREIROS | NAME | |
| STREET ADDRESS | 2614 N.W. 68TH AVE. | STREET ADDRESS | |
| CITY-ST-ZIP | MARGATE FL 33063 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

[Signature]

BENILDO OLIVEIRO BARREIROS

06/17/02

954-753-0966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attached

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2000 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Re: ~~Filing of Uniform Business Report 2000~~

P99000067288

1/8/3/1

2

B.O.B. PAVERS CORPORATION.

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form 2002 in the mail.

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

Any questions or concern, feel free to contact our accountant at (954) 725-4600 OR (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,



Benildo Oliveira Barreiros - President
B.O.B. PAVERS CORPORATION
2614 N.W. 68th Ave
MARGATE, FL 33063