

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106479

1. Entity Name

BRICK AND BRICK PAVER INC.

Principal Place of Business

Mailing Address

6764 GIANTI DRIVE LN. #142
ORLANDO FL 32810

6764 GIANTI DRIVE LN. #142
ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

6764 GIANTI DRIVE LN

6764 GIANTI DRIVE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

142

142

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32810

ORLANDO

32810

ORLANDO

4. FEL Number

593611489

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

TORO, RUBEN D
7345 SAND LAKE RD., SUITE-201
ORLANDO FL 32819

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

ONLY MIMIE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

ALAN DINIZ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

PRESIDENT
ALAN DINIZ
6764 GIANTI DRIVE LN #142
ORLANDO FL 32810

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

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

Date

Daytime Phone #

4-29-00 (407) 4457126

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-15-2000 90110 001 ***150.00

05-15-2000 90110 002 *****8.75

DO NOT WRITE IN THIS SPACE