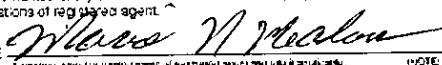
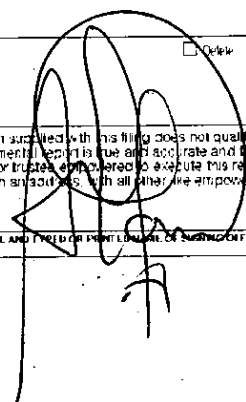


FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90071 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000106479			
1. Entity Name BRICK AND BRICK PAVER INC.		Principal Place of Business 3726 RIANO CIRCLE LAS VEGAS, NV 89103	
Mailing Address 4737 ORANGE DRIVE DAVIE, FL 33314		2. Principal Place of Business	
3. Mailing Address 7395 DAVIE ROAD		Suite, Apt #, etc.	
City & State DAVIE FL		4. FEI Number 59-3811489	
Zip 33024		Country	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCADAMS, MARIA 4737 ORANGE DR DAVIE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7395 DAVIE ROAD City DAVIE FL Zip Code 33024	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/12/03			
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P DINIZ, ALAN 3726 RIANO CIRCLE LAS VEGAS, NV 89103	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with attachments with all other like empowered.			
SIGNATURE:  DATE _____			

CR2E034 (13/02)