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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 EXT
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State: DAVIE FL
Zip / Country	Zip: 33024 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3611489 — Applied For / Not Applicable

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 RD EXT

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: [signature] DATE: 3/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Field	Value
TITLE	P
NAME	DINIZ, ALAN
STREET ADDRESS	3726 RIANO CIRCLE
CITY-ST-ZIP	LAS VEGAS, NV 89103

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 an address, with all other like empowered.

SIGNATURE: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #