

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90045 026 ***150.00

DOCUMENT # V71467

1. Entity Name

PAVCO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9001 N. LAKE DASHA DRIVE FT. LAUDERDALE FL 33324 US	P.O. BOX 19068 PLANTATION FL 33324 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7890 Peters Road	3. Mailing Address P.O. Box 19068
Suite, Apt. #, etc. G-106	Suite, Apt. #, etc.
City & State Plantation, Florida	City & State Plantation, Florida
Zip 33324 Country USA	Zip 33324 Country USA

4. FEI Number 65-0370528	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRESPO, CARLOS
9001 N. LAKE DASHA DRIVE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **CRESPO, CARLOS MAX**
 Street Address (P.O. Box Number is Not Acceptable)
7890 Peters Rd., # G-106
 City **Plantation** FL Zip Code **33324**

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 **Carlos Max Crespo President/Director** DATE **April 2/01**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRESPO, CARLOS M 90001 N. LAKE DASHA DRIVE PLANTATION FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRESPO, CARLOS Max 7890 Peters Rd # G-106 Plantation, Florida 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Carlos Max Crespo President/Director** DATE: **April 2/01** DAYTIME PHONE #: **(954) 473-5070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UDK9901

CR2E034 (10/00)