

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

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90210 001 *****8.75
05-05-2002 90210 002 ***150.00

DOCUMENT # P01000045455
1. Entity Name
"B & B" INTERSERVICES ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7207 BAY DRIVE EAST</u>		3. Mailing Address <u>7207 BAY DRIVE EAST</u>	
Suite, Apt. #, etc. <u>#4</u>		Suite, Apt. #, etc. <u>#4</u>	
City & State <u>MIAMI BEACH FLORIDA</u>		City & State <u>MIAMI BEACH FLORIDA</u>	
Zip <u>33141</u>	Country <u>U.S.A.</u>	Zip <u>33141</u>	Country <u>U.S.A.</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1102123</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIA ANTONIA BREARD

Street Address (P.O. Box Number is Not Acceptable)
7207 BAY DRIVE EAST #4

City MIAMI BEACH FL Zip Code 33141

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]

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE <u>PRESIDENT</u>	NAME <u>AXEL GUSTAVO BILBAO</u>	STREET ADDRESS <u>7207 BAY DRIVE EAST #4</u>	CITY-ST-ZIP <u>MIAMI BEACH FL 33141</u>
TITLE <u>STD</u>	NAME <u>MARIA ANTONIA BREARD</u>	STREET ADDRESS <u>7207 BAY DRIVE EAST #4</u>	CITY-ST-ZIP <u>MIAMI BEACH FL 33141</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AXEL G. BILBAO

4/9/02

786-457-2935

Date

Daytime Phone #

CR2E034B (12/01)