


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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90243 001 ***150.00
03-21-2003 90243 002 *****8.75

DOCUMENT # <u>P01000024391</u>	
1. Entity Name <u>BABS BRICK&PAVERS CORPS</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1410 NE 40 ST</u>	3. Mailing Address <u>1410 NE 40 ST</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

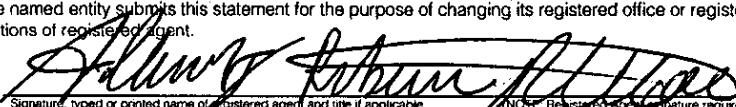
DO NOT WRITE IN THIS SPACE

City & State <u>POMPAHO BEACH - FL</u>	City & State <u>POMPAHO BEACH - FL</u>
Zip <u>33064</u>	Country <u>BROWARD</u>

4. FEI Number <u>943390373</u>	Applied For <input type="checkbox"/> Not Applicable
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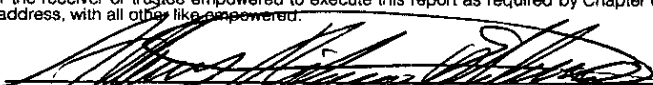
7. Name and Address of Current Registered Agent	
Name <u>ALBENY RIBEIRO SOBRINHO</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1410 NE 40 ST</u>	
City <u>POMPAHO BCH</u>	FL Zip Code <u>33064</u>

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 <u>3-19-03</u>

January 1 - May 1 Fee is: \$150.00 After May 1; Fee is \$550.00 Amended UBR fee \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing -Trust Fund Contribution.. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>ALBENY RIBEIRO SOBRINHO</u> <u>1410 NE 40 ST</u> <u>POMPAHO BEACH - FL - 33064</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE <u>3-19-03</u> DAYTIME PHONE # <u>(954) 818-2052</u>

CR2E034B (12/02)