FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOOLINENT # PAIRON X 1201

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

1. Entity Name BABS BRICK PAVERS CORPS								03-21-2003 90243 001 ***150.00 03-21-2003 90243 002 *****8.75				
		OT WRIT		J. A. S.	SPAC	E		4	rjas j			
	NE403	14	3. Mailing Address 1410 NE40ST									
Suite, Apt. City & Stat				v & State			4	. FE <u>l</u> Number	O NOT WRITE IN TH	IS SPACE	Applied For	1
	DMPANO BEACH - FL		Por	MPANO'				94339	0373		Not Applicable	1
Zip 3306	4	BROWARD	Zip 336	064	BR 6	ntry DWAR	O 5	Certificate of Statu	s Desired 🔀		75 Additional Required	
				The Carlot		Name		Name and Address	of Current Registe	red Ager	nt	1
	D	O NOT	VRIT	E		<i>E</i>	HLB dress (P.O	Box Number is No	i BE i Zo S i Acceptable)		RINTYO	
		N THIS S	PAC	E		141	O NE	HOST				
2000	STATE OF					City 7	mpe	tuo Bat	· F		ip Code 33064]
	named entititions of regist	y submits this statement refer agent.	t for the purp	pose of changing	its register					m familia	r with, and accept	
SIGNATURE		lung	W/I	UM	H +	In			3.	.19.	-03	ı
	Signature, typed	or printed name of gristered ag	ent and tide if ap	plicable. (N	Off Registre	eo Agenda jihatu	re required whe	n reinstating)	DATI	E		
	nuary 1 - M After May Amended	ay 1 Fee is \$150.00 1; Fee is \$550.00 1 UBR ta \$01-25		plicable. (N	O4E Resiste	o no matur	re required when	9. Election Ca	DATE ampaign Financing Contribution		\$5.00 May Be Added to Fees	
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Make Check 10. TITLE NAME	After May After May Amended Payable to	ay 1 Fee is \$150.00 1; Fee is \$550.00 1 UBR to \$01.23 Florida Department OFFICERS AN 1 OCUT ATY RIBEIF	of State	DRS DBRINHC	TITL NAM STRI	MARCO TO TRANSPORT		9. Election Ca -Trust Fund			\$5.00 May Be	(42/02)
Make Check 10. TITLE NAME	After May After May Amended Payable to	ay 1 Fee is: \$150.00 1; Fee is: \$550.00 1 UBR te: \$61-25- 5 Florida Department OFFICERS AN 1) OCUT	of State	DRS DBRINHC	STRI CITY MAN STRI STRI	E Me EET ADDRESS (* ST, ZIP		9. Election Ca -Trust Fund			\$5.00 May Be	CD2E034B (12/02)
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After May After May Amended Payable to	ay 1 Fee is \$150.00 1; Fee is \$550.00 1 UBR to \$01.23 Florida Department OFFICERS AN 1 OCUT ATY RIBEIF	of State	DRS DBRINHC	STRICT STRICT	E ET ADDRESS (ST. ZIP) E E ET ADDRESS (ST. ZIP) E E ET ADDRESS (ST. ZIP) E		9. Election Ca -Trust Fund	Contribution.		\$5.00 May Be Added to Fees	C0950940 (10)(09)
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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 attractment with an address, with all other like proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attractment with an address, with all other like proposed to execute this report as required by Chapter 607, Florida Statutes.