

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10702

1. Entity Name

BABEL INVESTMENTS OF FLORIDA, INC.

FILED

Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90034 009 ***150.00

Principal Place of Business

Mailing Address

701 GULF WAY
ST. PETERSBURG BCH FL 33706

701 GULF WAY
ST. PETERSBURG BCH FL 33706-4368

00047034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2441674

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, LINDA
701 GULF WAY APT #1
ST PETERSBURG FL 33706

Name

Judith A Ross

Street Address (P.O. Box Number is Not Acceptable)

1135 Pasadena Ave S #302

City

So Pasadena

FL

Zip Code
33707

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.

Judith A Ross

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

3-24-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
JANOSCIK, JOSEPH
701 GULF WAY
ST. PETERSBURG BCH., F

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-00

(727) 360-7672

CR2E034 (9/99)