

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90041 005 ***150.00

DOCUMENT # L36602

1. Entity Name
BABYLON INTERNATIONAL, INC.

Principal Place of Business
% FRANCISCO MARTINEZ-CELEIRO
200 S.E. 14TH STREET
MIAMI FL 33131

Mailing Address
180 ISLAND DRIVE
KEY BISCAYNE FL 33149-2410
US

2. Principal Place of Business
180 ISLAND DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KEY BISCAYNE, FL.

City & State

4. FEI Number **65-0212744**

Applied For
 Not Applicable

Zip
33149

Country
US

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

~~MARTINEZ-CELEIRO, FRANCISCO~~
180 ISLAND DR
KEY BISCAYNE MIAMI FL 33149

Name
~~MARTINEZ-CELEIRO, FRANCISCO~~
 Street Address (P.O. Box Number is Not Acceptable)
180 ISLAND DRIVE

City **KEY BISCAYNE** **FL** Zip Code **33149**

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  **Francisco Martinez-Celeiro, Director** **04/24/02**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D** ☐ Delete
 NAME **MARTINEZ-CELEIRO, F.**
 STREET ADDRESS **180 ISLAND DR**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149-2410**

TITLE **D** ☒ Change ☐ Addition
 NAME **MARTINEZ-CELEIRO, FRANCISCO**
 STREET ADDRESS **180 ISLAND DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE, FL. 33149**

TITLE **D** ☐ Delete
 NAME **MIYASHIKI, EVA**
 STREET ADDRESS **180 ISLAND DR**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149-2410**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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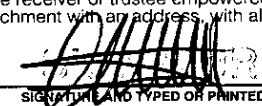
TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:  **Francisco Martinez-Celeiro**

04/24/02

305.576.7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (S)