

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90888 012 ***150.00

DOCUMENT # P010000 19475

1. Entity Name **BBB CONSTRUCTION, INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2843 BERKSHIRE CIR.

Suite, Apt. #, etc.

3. Mailing Address

2843 BERKSHIRE CIR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

4. FEI Number

59-375 2615

Applied For

Not Applicable

Zip
34743

Country
OSCEOLA

Zip
34743

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ISRAEL BENTACOURT

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

2843 BERKSHIRE CIR.

City

KISSIMMEE

FL

Zip Code

34743

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 **X**

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

ISRAEL BENTACOURT

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR ISRAEL BENTACOURT 2843 BERKSHIRE CIR. KISSIMMEE, FL. 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP / DIRECTOR ISRAEL BENTACOURT 2843 BERKSHIRE CIR. KISSIMMEE, FL. 34746
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISRAEL BENTACOURT

Date

Daytime Phone #

4/29/02

407-344-4578

CR2E034B (12/01)