

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91599 017 ***158.75

DOCUMENT # P01000024391

1. Entity Name
BABS BRICK & PAVERS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2011 SW 15 ST

Suite, Apt. #, etc.
150

City & State
DEERFIELD BEACH - FL

Zip
33442

Country
BROWARD

3. Mailing Address
2011 SW 15 ST

Suite, Apt. #, etc.
150

City & State
DEERFIELD BEACH - FL

Zip
33442

Country
BROWARD

4. FEI Number
94-3390373

☒ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
RIBEIRO SOBRINHO, ALBENY

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

2011 SW 15 ST # 150

City **DEERFIELD BEACH FL** Zip Code **33442**

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

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
**P
SOBRINHO, ALBENY RIBEIRO
2011 SW 15 ST # 150
DEERFIELD BCH - FL - 33442**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-02 (954) 520-9075

Date

Daytime Phone #

CR2E034B (12/01)