FILED
Apr 16, 2002 8:00 am §
Secretary of State

2002 UNIFORM	BUSINESS	REPORT	(UBR
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P01000111629

**DOCUMENT #** 

1. Entity Name

BABB	JILDERS CORP.		المحاسبة والمستحد		===	04-16-2002 90023	3 025 ***150	0.00
Principal Place of Business  201 SE 2ND AVE  DANIA BEACH FL 33004		Mailing Address  201 SE 2ND AVE DANIA BEACH FL 33004						
B. D		·						
2. Principal Place of Business 3. Mailing Addres		3. Mailing Address	lress				1981   LEUI   1859   1519	11012 1031 1201
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
:City & State		City & State	City & State		4. <b>[</b>	El Number 05-1156665	<del></del>	oplied For ot Applicable
Zip 🕦	Country	Zip	Country			ertificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. Ne	ame and Address of New Register	ed Agent	<del></del>
			Na	me				
BARTLEY, DOREEN 201 SE 2ND AVE		Stri	eet Address (P.	(P.O. Box Number is Not Acceptable)				
	EACH FL 33004			•				
Fig. 1. Sec. of With the Court		. Cit	City FL Zip Code					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!! After May 1, 200		PEE IS \$150.00 PEE will be \$550.00 PEE will be \$550.00 PEE OPERITOR OF STATE			10. Election Campaign Financing Trust Fund Contribution.	\$5.0	O May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	5 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLEY, DOREEN 201 SE 2ND AVE DANIA BEACH FL 33004	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	ı			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, PETER V 201 SE 2ND AVE DANIA BEACH FL 33004	☐ Delete	TITLE NAME STREET ADDR				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDR  CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ESS			☐ Change	Addition
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR	ESS			☐ Change	Addition

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition