

FILED

03 JUN -5 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000036694					
1. Entity Name B A B TRANSPORTATION, INC.					
Principal Place of Business 16428 NW 16TH STREET PEMBROKE PINES, FL 33028			Mailing Address 16428 NW 16TH STREET PEMBROKE PINES, FL 33028		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0954057			Applied For (Not Applicable)		
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		
BURNS, BRIAN A 16428 NW 16TH STREET PEMBROKE PINES, FL 33028			Name <u>same</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Brian Burns</u> (NOTE: Registered Agent signature required when submitting) DATE					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BURNS, BRIAN A	NAME			
STREET ADDRESS	16428 NW 16TH STREET	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BURNS, ANGELA P	NAME			
STREET ADDRESS	16428 NW 16TH STREET	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.					
SIGNATURE: <u>Brian Burns</u>			Date <u>6/2/03</u> (954) <u>447-3109</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

CR2E034 (10/02)

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