2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

1

MIAMI FL 33177

Principal Place of Business

19701 SW 136TH AVENUE



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90098 040 ***158.75

DOCUMENT # P0200044773	
. Entity Name B.A.B. CONTRACTING SERVICES, INC.	

Mailing Address

MIAMI FL 33177

19701 SW 136TH AVENUE

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For -067608 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUADE, JUAN C 19701 SW 136TH AVENUE **MIAMI FL 33177** City 8. The above named ity subprits this etatement 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 i **SIGNATURE** of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE CANO, MANUEL NAME NAME 9888 9835 SW70St 19701 SW 136TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BUADE, JUAN C NAME NAME STREET ADDRESS 19701 SW 136TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE ST Delete TITLE Change ☐ Addition NAME CANO, LUZ S NAME STREET ADDRESS 19701 SW 136TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 suppremental 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 10 or Block 11 if changed, or on an attach 33/03

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP