

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

DOCUMENT # **P94000094040**

1. Entity Name
BABO INTERNATIONAL BROKERS, INC.



Principal Place of Business
**100 LOVERS LANE
S-201
FT MYERS BEACH FL 33931**

Mailing Address
**100 LOVERS LANE
S-201
FT MYERS BEACH FL 33931**

2. Principal Place of Business
53 Pompano St.

3. Mailing Address
P. O. Box 2517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. Myers Beach FL

City & State
FT. Myers Beach FL

Zip
33931

Country
USA

Zip
33932

Country
USA

6. Name and Address of Current Registered Agent

**BACHER, ULRICH
100 LOVERS LANE
STE-201
FORT MYERS BEACH FL 33931**

Name

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

City

FT. Myers Beach FL 33931

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

Ulrich Bacher **ULRICH BACHER**

3-6-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BACHER, ULRICH 53 POMPANO ST. FT MYERS BEACH FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BOETEL, EDGAR 53 POMPANO ST. FT MYERS BEACH FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ulrich Bacher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 10, 2003 8:00 am
Secretary of State**

03-10-2003 90162 046 ***150.00



CHECK HERE IF MAKING CHANGES

1A
1B
1C
1D
1E
1F
1G
1H
1I
1J
1K
1L
1M
1N
1O
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1V
1W
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1Y
1Z

CF2E034 (10/02)

Date

Daytime Phone #