

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050315

1. Entity Name
BABCOCK VENTURES, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90157 017 ***150.00

Principal Place of Business

1773 N.W. 79TH AVE.
MIAMI FL 33126

Mailing Address

1773 N.W. 79TH AVE.
MIAMI FL 33126

00039684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8350 NW 52 Terrace

3. Mailing Address

c/o The Babcock Company
8350 NW 52 Terrace

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0755479

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

BABCOCK, CALVIN H
C/O THE BABCOCK COMPANY
1773 NW 79 AVE.
MIAMI FL 33126

Name

Calvin H. Babcock

Street Address (P.O. Box Number is Not Acceptable)
c/o The Babcock Company

8350 NW 52 Terrace, Suite 107

City
Miami

FL

Zip Code
33166

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

4/16/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BABCOCK, CALVIN H**
CITY-ST-ZIP **1773 NW 79 AVE.**
MIAMI FL 33126-1112

TITLE ☒ Change ☐ Addition
NAME **P/S/D**
STREET ADDRESS **Calvin H. Babcock**
CITY-ST-ZIP **c/o The Babcock Company**
8350 NW 52 Terrace, Suite 107
Miami, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calvin H. Babcock 4/1/01 (305) 599-2780

Date

Daytime Phone #

CR2E034 (10/00)