

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90064 016 ***150.00

DOCUMENT # P98000090965

1. Entity Name
CERAMICAS BABILONIA, CORP.

Principal Place of Business Mailing Address
593 OAKBRANCH CIRCLE 593 OAKBRANCH CIRCLE
POINCIANA FL 34758 POINCIANA FL 34758-3630

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 Applied For
59-3572011 Not Applicable

5. Certificate of Sales Tax District \$8.75 Additional Fee Required
59-3572011



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, JOSE A
593 OAKBRANCH CIRCLE
POINCIANA FL 34758

Name **JAIMES, LAURENTINO**
 Street Address (P.O. Box Number is Not Acceptable)
593 OAKBRANCH CR
 City **KISSIMMEE** **FL** Zip Code **34758**

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: **LAURENTINO JAIMES** **3/20/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2000 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 | D | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAIMES, LAURENTINO | | NAME | JAIMES, LAURENTINO | |
| STREET ADDRESS | 593 OAKBRANCH CIRCLE | | STREET ADDRESS | 593 OAKBRANCH CR | |
| CITY-ST-ZIP | POINCIANA FL 34758 | | CITY-ST-ZIP | KISSIMMEE FL 34758 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONTRERAS PERRIOS, ROCIO DELVALLE | | NAME | | |
| STREET ADDRESS | 593 OAKBRANCH CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | POINCIANA FL 34758 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORTIZ, JOSE A | | NAME | ORTIZ, JOSE A | |
| STREET ADDRESS | 593 OAKBRANCH CIRCLE | | STREET ADDRESS | 593 OAKBRANCH CR | |
| CITY-ST-ZIP | POINCIANA FL 34758 | | CITY-ST-ZIP | KISSIMMEE FL 34758 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | JAIMES, DANIEL A | |
| STREET ADDRESS | | | STREET ADDRESS | 593 OAKBRANCH CR | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | KISSIMMEE, FL 34758 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **LAURENTINO JAIMES** **3/20/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)