

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90097 018 ***150.00

DOCUMENT # **V 73978**
1. Entity Name
B. & B DELIVERY SERVICE, INC

DO NOT WRITE IN THIS SPACE

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business 10733 CLEARY BLVD Suite, Apt. #, etc. # 111 | | 3. Mailing Address 10733 CLEARY BLVD Suite, Apt. #, etc. # 111 | |
| City & State Plantation, Fla | | City & State Plantation, Fla | |
| Zip 33324 | Country USA | Zip 33324 | Country USA |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 650366800 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|---|-----------------------------|
| Name BEHZAD BABAPOUR | |
| Street Address (P.O. Box Number is Not Acceptable) 10733 CLEARY BLVD - #111 | |
| City Plantation | FL Zip Code 33324 |

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 **Behzad Babapour**
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4-30-02**

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P.V.P.S.T. BEHZAD BABAPOUR 10733 CLEARY BLVD #111 Plantation, Florida 33324 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Behzad Babapour**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-02 (954) 261-4020**
Daytime Phone #

CR2E034B (12/01)