

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049302

1. Entity Name
BAGDADI, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90045 002 ***150.00

Principal Place of Business 401 GOLDEN ISLES DR., #605 HALLANDALE FL 33009	Mailing Address 401 GOLDEN ISLES DR., #605 HALLANDALE FL 33009
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2. Principal Place of Business 8000w Broward Blvd Suite, Apt. #, etc. Store 729	3. Mailing Address 3886 Falcon Ridge Circle Suite, Apt. #, etc.
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City & State Plantation, FL	City & State Weston FL	4. FEI Number 65-1039896	Applied For <input type="checkbox"/> Not Applicable
Zip 33388	Country USA	Zip 33331	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BAGDADI, JACQUELINE M 401 GOLDEN ISLES DR., #605 HALLANDALE FL 33009	7. Name and Address of New Registered Agent Name Baedadi Jacqueline M. Street Address (P.O. Box Number is Not Acceptable) 3886 Falcon Ridge Circle City Weston FL Zip Code 33331
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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]* DATE 2/5/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGDADI, JACQUELINE M 401 GOLDEN ISLES DR., #605 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baedadi, Jacqueline M 3886 Falcon Ridge Circle Weston FL 33331 <input checked="" 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
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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

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]* **Jacqueline Bagdadi** 9545939672

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

027. '99

CR2E034 (10/00)