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

P01000050590 DOCUMENT

1. Entity Name

BARAKA RESTAURANT, INC.



May 05, 2003 8:00 am secretary of State 05-05-2003 92196 040 ***150.00

FILED

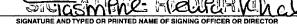
Principal Place of Business 4812 E BUSCH BLVD STE C Mailing Address

4812 E BUSCH BLVD STE C

TAMPA FL 33617			TAMPA FL 33617					
2. Principal P	lace of Busin	ess	3. Mailing Address				+ 100;100; 12; 00;0; 1;01; 00;1! 00;1; 00;1; 00;0; 0;11; 00;0; 0;110 12;1; 00;1; 10;	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State	9		City & State		4.	FEI Number 59-3733504 Applied For Not Applicable		
Zip		Country	Zip	Coun	try	5.	. Certificate of Status Desired	
6. Name and Address of Current Registered Agent						7.	Name and Address of New Registered Agent	
Nam						ıme		
KALIFA, YASMIN Y 4812 E BUSCH BLVD STE C					Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33617								
					City · FL 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								
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 \$5.00 May Be Trust Fund Contribution.	
10	OFFICERS AND DIRECTORS 11					A[ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT KHALIFA, YEHIA A 4812 E BUSCH BLVD STE C TAMPA FL 33617		☐ Delete	NAME STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOHAMMED, YASMIN Y 4812 E BUSCH BLVD STE C TAMPA FL 33617		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i		☐ Change ☐ 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:



Daytime Phone #