2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000081969 **DOCUMENT #**

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90164 024 ***150.00

BAROK INDUSTRIES, INC.)				
Principal Place of Business 6100 GLADES ROAD SUITE 301 BOCA RATON FL 33434			Mailing Address 6100 GLADES ROAD SUITE 301 BOCA RATON FL 33434							
2. Principal Place of Business			3. Mailing Address					<u> </u>	# B114B	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	FEI Number 65-1152056		Applied For Not Applicable	
Zip Country		Zip Count			try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current R			egistered Agent			7. N	Name and Address of New Registered	Agent		
و المناسبين والمنوعوات المناسبين الإراكالية و و المعادد					Name					
ZIMMERM	an, Robert a ESQ.		Stron			dress (P.O. Box Number is Not Acceptable)				
6100 GLA	DES ROAD				Otteet Address	. (r.∪. b	not realitible is not Acceptable)			
SUITE 301							- Act 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
BOCA RATON FL 33434				City		FL	Zip Co	ode		
	named entity submits this statement foions of registered agent.	r the purp	ose of changing its re	egistere	ed office or registe	ered ag	ent, or both, in the State of Florida. I am	familiar with	n, and accept	
-										
SIGNATURE.	Signature, typed or printed name of registered agent a	no title if app	licable. (NOTE:	Registere	d Agent signature requir	red when re	einstating) DATE			
	····· · · · · · · · · · · · · · · · ·									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees	
10.	` OFFICERS AND	DIRECTO	L IRS	11.		AD	L DITIONS/CHANGES TO OFFICERS AN	O DIRECTO	RS IN 11	
TITLE	D (49)		☐ Delete T		E					
NAME	ZIMMERMAN, ROBERT A ESQ.			NAM	E					
STREET ADDRESS	6100 GLADES ROAD #301			•	ET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33434			CITY	-ST-ZIP					
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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 employered 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:

<u> AECURED</u> ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #