

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040219

1. Entity Name
BARON DESIGN GROUP, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90151 043 ***150.00

Principal Place of Business
**7744 PETERS RD
#168
PLANTATION FL 33324
US**

Mailing Address
**7744 PETERS RD
#168
PLANTATION FL 3324
US**

2. Principal Place of Business
218 S. Military Trail

3. Mailing Address
218 S. Military Trail

Suite, Apt. #, etc.

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip
33442

Country
USA

Zip
33442

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0494535**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BARON, PHYLLIS
7744 PETERS RD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
BARON Phyllis
Street Address (P.O. Box Number is Not Acceptable)
2164 NW 57th Street
City
Boca Raton FL Zip Code
33496

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 **Phyllis Baron, President** 4/11/01
(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. ☒ (See criteria on back)

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARON, PHYLLIS 1160 SW 70TH AVE PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Baron, Phyllis 2164 NW 57th Street Boca Raton, FL 33496 <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: **Phyllis Baron, President** 4/11/01 954-596-4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)