FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2001 8:00 am DOCUMENT # P94000072848 Secretary of State 1. Entity Name BARA UNIVERSAL, INC. 05-02-2001 90106 028 \*\*\*150.00 Principal Place of Business Mailing Address 5401 S. KIRKMAN RD. 5401 S. KIRKMAN RD. SUITE 725 SUITE 725 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 5728 MAJOR *5*728 MAJOR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suite City & State City & State 4. FEI Number Applied For 59-3273035 Orlando Orlandu Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32819 üЗ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 S. KIRKMAN RD. SUITE 725 5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819 City ORLANDO FL 32819 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete Change ☐ Addition TITLE TITLE NAME KHATIB, RASHID A NAME 5728 MAJOR BLVD., 身下隔, 年時 STREET ADDRESS STREET ADDRESS 5401 S. KIRKMAN RD., STE. 725 ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 $\overline{c}$ $\overline{c}$ $\overline{D}$ TITLE ☐ Delete TITLE ☐ Addition NAME MAALI, JESSE I NAME STREET ADDRESS STREET ADDRESS 6454 INTERNATIONAL DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PORTLOCK, DAVID NAME STREET ADDRESS STREET ADDRESS 8282 OAKLAND PLACE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_