

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90063 049 \*\*\*150.00

DOCUMENT # **BARAKAT ENTERPRISES INC**

1. Entity Name

**P96000070504 ✓**

Principal Place of Business

Mailing Address

**B & G HAIR DESIGNS**  
**2827 SW 32 CT**

2. Principal Place of Business

3. Mailing Address

**12215 B S OLYMPIC HWY**  
**MIAMI FL 33156**  
**MIAMI FL 33133**

City & State

City & State

Zip

Country

Zip

Country

**33156**

**US**

**33133**

**US**

4. FEI Number

Applied For

**65-068996**

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMONA BARAKAT**  
**2827 SW 32 CT**  
**MIAMI FL 33133**

Name **RAMONA BARAKAT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2827 SW 32 CT**  
 City **MIAMI FL** Zip Code **33133**

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 **RAMONA BARAKAT President** DATE **4-11-2001**  
 (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) ☐

**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 **CORP. # P 96000070504** ☐ Delete  
 NAME **BARAKAT RAMONA**  
 STREET ADDRESS **2827 SW 32 CT**  
 CITY-ST-ZIP **MIAMI FL 33133** ☐ Delete

NAME **BARAKAT ENTERPRISES INC** ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Ramona Barakat** DATE **4-11-2001** DAYTIME PHONE # **254 1535**  
 (Signature and typed or printed name of signing officer or director)

CR2E034 (11/00)