

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90093 020 \*\*\*150.00

0425988

**DOCUMENT # P96000076395**

1. Entity Name  
**BARIANA ENTERPRISES, INC.**

Principal Place of Business  
**6801 US HWY 19  
 NEW PORT RICHEY FL 34652**

Mailing Address  
~~250 SHORE DR~~  
**PALM HARBOR FL 34683**  
~~US~~

**00036484**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 2130**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Palm Harbor, FL.**

4. FEI Number **59-3410816**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**34682**

**USA**

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

**AZIROVIC, BARI  
 250 SHORE DRIVE  
 PALM HARBOR FL 34683**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**4/9/2001**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>AZIROVIC, BARI</b>	
STREET ADDRESS	<b>250 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>AZIROVIC, ANA P</b>	
STREET ADDRESS	<b>250 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/9/01** x **(727) 463-1044**

CR2E034 (10/00)