1	Q
	57
1	*
	ï
1	Ξ
	_

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P97000043529 05-15-2001 90009 048 ***150.00 BARONESS HOLDINGS, INC. Principal Place of Business Mailing Address 2500 S.W. 56TH AVENUE 3905 CARSON AVENUE 653703 HOLLYWOOD FL 33023 COOPER CITY FL 33026 2. Principal Place of Business 2500 SW 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0841537 Hollywoo Not Applicable Country Country \$8.75 Additional 33026 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERFATY, CHARLES S ESQ. -Street Address (P.O. Box Number is Not Acceptable) 4330 SHERIDAN STREET SUITE 202-B HOLLYWOOD FL 33021 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TETLE Defete TITLE Change NAME SERFATY, ALAN STREET ADDRESS STREET ADDRESS 3905 CARSON AVENUE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition NAME STREET ADDRESS 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