

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062683

1. Entity Name

BARAKAT INTERNATIONAL, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90142 045 ***150.00

Principal Place of Business

Mailing Address

~~6454 INTERNATIONAL DR~~
~~ORLANDO FL 32819~~

~~6454 INTERNATIONAL DR~~
~~ORLANDO FL 32819~~

2. Principal Place of Business

3. Mailing Address

7582 Sand Lake Rd

7582 Sand Lake Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number 59-3532146

Applied For

Not Applicable

Zip

32819

Country

Zip

32819

Country

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

MAALI, JESSE

~~6454 INTERNATIONAL DR~~
~~ORLANDO FL 32819~~

Name

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

7582 International Dr

City

Orlando

FL

Zip Code

32819

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 (applicable)

(NOTE: Registered Agent signature required when re-registering)

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	DP	☐ Delete
NAME	MAALI, JESSE	
STREET ADDRESS	6454 INTERNATIONAL DR	
CITY-STATE-ZIP	ORLANDO FL 32819	
TITLE	DVP	☐ Delete
NAME	KHANANI, M. SALEEM	
STREET ADDRESS	6454 INTERNATIONAL DR	
CITY-STATE-ZIP	ORLANDO FL 32819	
TITLE	DS	☐ Delete
NAME	PORTLOCK, DAVID R	
STREET ADDRESS	7345 SAND LAKE ROAD, #412	
CITY-STATE-ZIP	ORLANDO FL 32819	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	7582 International Dr	
CITY-STATE-ZIP	ORLANDO, FL 32819	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)