

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054340

1. Entity Name

BARON'S AFRICAN ENTERPRISES INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90175 016 ***150.00

Principal Place of Business

900 E ATLANTIC AVE
DELRAY BCH FL 33487

Mailing Address

900 E ATLANTIC AVE
DELRAY BCH FL 33483-6908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 11

Suite, Apt. #, etc.

Suite 11

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0843307

Applied For

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

BARON, SUSAN E
2321 NW 33RD ST, 208
OAKLAND PARK FL 33309

Name

Susan Baron

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

900 E. ATLANTIC AVE Suite 11

City

Delray Beach

FL

Zip Code

33487

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

Susan E. Baron Presid

17 March 2000

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS BARON, SUSAN
CITY-ST-ZIP 900 E. ATLANTIC AVE #11
DELRAY BCH FL 33483

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS BARON, MARK
CITY-ST-ZIP 900 E. ATLANTIC AVE #11
DELRAY BCH FL 33483

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Susan E. Baron Presid

17 March 2000

561-265-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)