

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061655

1. Entity Name

BARAKAH, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90144 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1910 NW 96TH AVE  
MIAMI, FL. 33172

2. Principal Place of Business

10540 NW 26TH STREET

Suite, Apt. #, etc.

SUITE G-303

City & State

MIAMI, FLORIDA

Zip

33172

Country

MIAMI-DADE

3. Mailing Address

10540 NW 26TH STREET

Suite, Apt. #, etc.

SUITE G-303

City & State

MIAMI, FLORIDA

Zip

33172

Country

MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-949638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, CESAR E

7. Name and Address of New Registered Agent

Name

IGLESIAS, CESAR E

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

10540 NW 26TH STREET

SUITE G-303

City

MIAMI

FL

Zip Code

331723

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)

DATE

IGLESIAS, CESAR E.

4/15/00

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	PIFARRE, SILVIA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete
NAME	YAQOOB, MOHAMED Z	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete
NAME	IGLESIAS, CESAR E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIFARRE, SILVIA	
STREET ADDRESS	10540 NW 26TH ST. # G-303	
CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAQOOB, MOHAMED Z	
STREET ADDRESS	10540 NW 26TH ST. # G-303	
CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLESIAS, CESAR E	
STREET ADDRESS	10540 NW 26TH ST. #G-303	
CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGLESIAS, CESAR

Date

Daytime Phone #

4/15/00 (305) 716 9979

CR2E034 (9/99)