

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90063 049 ***150.00

DOCUMENT # **BARAKAT ENTERPRISES INC**
 1. Entity Name
P9600007050A ✓

Principal Place of Business Mailing Address
BFG HAIR DESIGNS
2827 SW 32 CT

2. Principal Place of Business 3. Mailing Address
12215 B S OLYMPIA HWY **2827 SW 32 CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI FL 33156 MIAMI FL 33133
 City & State City & State

Zip Country Zip Country
33156 US 33133 US

C0049202

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RAMONA BARAKAT
2827 SW 32 CT
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name **RAMONA BARAKAT**
 Street Address (P.O. Box Number is Not Acceptable)
2827 SW 32 CT
 City **MIAMI FL** Zip Code **33133**

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 **Ramon Barakat President** DATE **4-11-2001**
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 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	RAMONA BARAKAT	2827 SW 32 CT	MIAMI FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BARAKAT ENTERPRISES INC			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Ramon Barakat** DATE: **4-11-2001** DAYTIME PHONE #: **254 1535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)