

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90003 025 \*\*\*550.00

**DOCUMENT # F93000001031**

1. Entity Name

**BARI COSMETICS, LTD. INC.**

Principal Place of Business

**463 TEMPLE HILL ROAD  
NEW WINDSOR NY 12550**

Mailing Address

**463 TEMPLE HILL ROAD  
NEW WINDSOR NY 12550**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1099468**

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

**HARKNESS, DONALD  
EXECUTIVE SUITES 901  
MARTIN DOWNS BLVD., 2ND FL RECEPTION  
PALM CITY FL 34990**

Name

**HARKNESS, DONALD**

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

**1205 SW SUNSET TRAIL**

City

**PALM CITY**

FL

Zip Code

**34990**

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

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	DCP	<input type="checkbox"/> Delete
NAME	HARKNESS, DONALD	
STREET ADDRESS	MARTIN DOWNS BLVD., EXECUTIVE SUITES 901	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DVCS	<input checked="" type="checkbox"/> Delete
NAME	MAFFEI, MARIO	
STREET ADDRESS	26 STILES LANE	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAFFEI, MARIO	
STREET ADDRESS	26 STILES LANE	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ROTH, ROBERT	
STREET ADDRESS	14 LINDA ANN DR.	
CITY-ST-ZIP	WALLKILL NY 12589	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKNESS, DONALD	
STREET ADDRESS	1205 SW SUNSET TRAIL	
CITY-ST-ZIP	PALM CITY FL 34990	
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		
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

Date

**7-20-00**

Daytime Phone

**(914) 561-6330**

CR2E034 (5/00)