

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 551580

1. Entity Name

CATZAVELOS INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90055 043 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4100 Galt Ocean Drive		3. Mailing Address 4100 Galt Ocean Drive	
Suite, Apt. #, etc. 1514		Suite, Apt. #, etc. 1514	
City & State Ft. Lauderdale Florida		City & State Ft. Lauderdale FLORIDA	
Zip 33308	Country USA	Zip 33308	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1791612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name George Catzavelos
Street Address (P.O. Box Number is Not Acceptable) 4100 Galt Ocean Dr. #1514
City Ft. Lauderdale FL Zip Code 33308

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRESIDENT CATZAVELOS, George 4100 Galt Ocean Dr #1514 Ft. Lauderdale FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KANTZAVELOS, Sam 3700 Galt Ocean Dr. #1506 Ft. Lauderdale FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19/2002 (954) 565-5505

Date

Daytime Phone #