2000 UNIFORM-BUSINESS REPORT (UBR) **FILED** Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **N96000002262** 1. Entity Name ATHENIANS-PIRAEOTANS CULTURAL ASSOCIATION: PERIC 01-24-2000 90086 024 ****61.25 Principal Place of Business Mailing Address 4700 MCKINLEY ST. 4700 MCKINLEY ST. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-4749 C0009627 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 11-9464453 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FILINGS, INC. .- . 3732 NW 16TH ST. FT. LAUDERDALE FL 33311 City Zip Code 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TITLE Change 1 Addition NAME IOANNOU, JOHN NAME STREET ADDRESS STREET ADDRESS 8821 SW 8TH ST. CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33324 TITLE D ☐ Delete TITLE Change ☐ Addition NAME DIMITRIOS, NAKIS NAME STREET ADDRESS 4700 MCKINLEY ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>HOLLYWOOD FL 33021</u> TITLE Delete_ ☐ Change ☐ Addition NAKIS, SOFIA NAME NAME STREET ADDRESS 4700 MCKINLEY ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Delete □ Change ☐ Addition SASSON, JACK NAME NAME STREET ADDRESS STREET ADDRESS 9700 NW 18TH DR. CITY-ST-ZIP CITY-ST-ZIP <u>Plantation FL 33322</u> ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

1-15-2000 (954) 472-1013

Change

Addition