

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90081 013 \*\*\*\*61.25

**DOCUMENT # N96000005344**

1. Entity Name

**NOSTOS, INC.**

Principal Place of Business

**4801 SW 74 TERRACE  
 MIAMI FL 33143**

Mailing Address

**4801 SW 74 TERRACE  
 MIAMI FL 33143**

*J. A. HARALAMBIDES  
 901 N. VENETIAN DR.  
 MIAMI, FL 33139*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0705524**

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

*33139*

*FL*

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

**SACHER, CHARLES P  
 2655 LEJEUNE ROAD STE 1101  
 CORAL GABLES FL 33134**

Name

*J. A. HARALAMBIDES*

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

*901 N. VENETIAN DR.*

City

*MIAMI,*

FL

Zip Code

*33139*

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

*J. A. HARALAMBIDES*

*2/16/01*

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBRAKOPOULOS, JOHN 10639 S.W. 61 AVENUE MIAMI FL 33196	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYROPOULOS, HEIDI 8190 S.W. 108 STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREBOLIS, STEVE 151 CRANDON BLVD., #329 MIAMI FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYROPOULOS, C. 8190 S.W. 108 STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTIS, DEMOSTHENES 860 S.W. 22 ROAD MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KARKOULIS, GEORGE 15015 SW 49 LN. APT. A MIAMI, FL 33185	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER J. A. HARALAMBIDES 901 N. VENETIAN DR. MIAMI FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. KIRIAKOS, KIRIAKOS 4801 SW 74 TER. MIAMI, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE:

*J. A. HARALAMBIDES*

Date

Daytime Phone #

*2/16/01 (305) 374-2705*

CR2E037 (10/00)