

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90077 004 ***150.00

DOCUMENT # P01000051109



1. Entity Name
ALEX-PARAS NEEDLE ART, INC.

Principal Place of Business
**2113 CENTRAL AVE
SAINT PETERSBURG FL 33713**

Mailing Address
**6650 SUNSET WAY, #515
ST. PETE BEACH FL 33706**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3732382**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGES, RICHARD M
3656 FIRST AVE. N.
ST, PETERSBURG FL 33713**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KATSARAKES, KONDYLO	
STREET ADDRESS	6650 SUNSET WAY, #515	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SINGLETON, SUSAN CARL-	
STREET ADDRESS	6650 SUNSET WAY, #515	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KATSARAKES, GEORGE S	
STREET ADDRESS	6650 SUNSET WAY, #515	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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 607, 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: *Richard M. Georges* **3/25/03 7273638277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)