

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02792

1. Entity Name
GEORGE STAVROPOULOS & ASSOCIATES, A PROFESSIONAL

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90009 030 ***550.00

Principal Place of Business Mailing Address
 STAVROPOULOS ASSOCIATES ARCHITECTS STAVROPOULOS ASSOCIATES ARCHITECTS
 3333 K STREET, N.W., STE. 410 3333 K STREET, N.W., STE. 410
 WASHINGTON DC 20007 WASHINGTON DC 20007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **54-1246096** 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

ENGELBERG, MORRIS
125 WORTH AVENUE
PALM BEACH FL 33480

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.

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

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STAVROPOULOS, GEORGE 1000 POTOMAC ST NW WASHINGTON DC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3333 K STREET, NW SUITE 410 WASHINGTON, D.C. 20007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNARDINI, RONALD 1000 POTOMAC ST NW WASHINGTON DC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3333 K STREET NW SUITE 410 WASHINGTON, D.C. 20007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAVROPOULOS, NORA 1000 POTOMAC ST NW WASHINGTON DC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3333 K STREET NW SUITE 410 WASHINGTON, D.C. 20007
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NORA STAVROPOULOS

Date 7/11/00 Daytime Phone # 202 835 0390

CR2E034 (5/00)