2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P97000082713 15200 JOG ROAD, INC. 02-05-2000 90008 018 ***150.00 Principal Place of Business Mailing Address 15200 JOG ROAD 15200 JOG ROAD DELRAY BEACH FL 33484 DELRAY BEACH FL 33446-1247 710333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0785067 Not Applie Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGELOPOULOS, THEODOROS Street Address (P.O. Box Number is Not Acceptable) 15200 JOG ROAD **DELRAY BEACH FL 33484** Zip Code FL 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!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE ANGELOPOULOS, THEODOROS NAME NAME **15200 JOG ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete Change TITLE TITLE Dimitrios Kehagias 18200 Jog Road Delray Beach FL 33484 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 withlan artifices, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00 (561) 638-9393

Daytime Phone