

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90098 023 ***150.00

DOCUMENT # P98000017695

1. Entity Name

LU- VAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

**3487 EMERALD COAST PKWY
 DESTIN FL 32541**

**631 ISLAND WAY
 CLEARWATER FL 33767-1904**

00011128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

34871 Emerald Coast Pkwy

3. Mailing Address

P.O. Box 5857

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

59-3494097

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32540-5857

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PAPPAS, GEORGE G
 901 N HERCULES AVE SUITE D
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	VALLIANATOS, ANDREW	
STREET ADDRESS	631 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VALLIANATOS, JOHN	
STREET ADDRESS	631 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LUPER, ZVI	
STREET ADDRESS	1511 RIDGE TOP WAY	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LUPER, HANAN	
STREET ADDRESS	7278 SAWGRASS POINT DR	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vallianatos, Andrew	
STREET ADDRESS	P.O. Box 5857	
CITY-ST-ZIP	Destin, FL 32540-5857	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vallianatos, John	
STREET ADDRESS	P.O. Box 5857	
CITY-ST-ZIP	Destin, FL 32540-5857	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John Vallianatos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2500
 Date

850-837-4500
 Daytime Phone #

CR2E034 (9/99)