

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90157 041 ***150.00

03/29/03 AV

DOCUMENT # **P9900000534**

1. Entity Name

4620 University, Inc.

Principal Place of Business

Mailing Address

**4620 N. University Dr.
 Lauderhill, FL 33351**

**4620 N. University Dr.
 Lauderhill, FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888958

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

**Spyredes, Anastasios Tom Esq.
 4800 N. Federal Hwy. Suite 100-D
 c/o Simon, Sigalos & Spyredes, PA
 Boca Raton, FL 33431**

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, title and address of filer

Signature, typed or printed name, title and address of registered agent

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	D Kehagias, Dimitrios
STREET ADDRESS	4620 N University Dr.
CITY-STATE-ZIP	Lauderhill, FL 33351
TITLE	<input type="checkbox"/> Delete
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CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 filers.

SIGNATURE

D Kehagias

4-23-02 (954) 747-6898

CR2E034 (9/01)