

# 2000 UNIFORM BUSINESS REPORT (UBR)

*AMENDED*

**FILED**

00 APR 21 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000004306

1. Entity Name  
**PARNASOS PROPERTIES N.V. CORP.**

Principal Place of Business Mailing Address— **same**  
**c/o Orion Investment & Management Ltd. Corp.**  
**9000 SW 152nd St., #106**  
**Miami, FL 33157**

2. Principal Place of Business **9000 SW 152nd St., #106**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State **Miami, FL**

City & State

4. FEI Number **59-1975536** Applied For  
Not Applicable

Zip **33157** Country

Zip Country

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

6. Name and Address of Current Registered Agent  
**SANZ, JOSEPH A.**  
**9000 SW 152nd St.**  
**#106**  
**Miami, FL 33157**

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 \_\_\_\_\_ (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 <input type="checkbox"/> Delete <b>P/D</b>	<b>SARAFIS, DIONYSSIOS</b>
STREET ADDRESS <b>c/o 9000 SW 152nd St., Ste. 106</b>	
CITY-ST-ZIP <b>Miami, FL 33157</b>	
TITLE <input type="checkbox"/> Delete <b>VP/D</b>	<b>SARAFIS, NICOLAOS</b>
STREET ADDRESS <b>c/o 9000 SW 152nd St., Ste. 106</b>	
CITY-ST-ZIP <b>Miami, FL 33157</b>	
TITLE <input type="checkbox"/> Delete <b>S/D</b>	<b>SANZ, JOSEPH A.</b>
STREET ADDRESS <b>9000 SW 152nd St., #106</b>	
CITY-ST-ZIP <b>Miami, FL 33157</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600003237066-4</b>	
NAME	
STREET ADDRESS <b>-05/03/00--01075--001</b>	
CITY-ST-ZIP <b>*****61.25 *****61.25</b>	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600003237066-4</b>	
NAME	
STREET ADDRESS <b>-05/03/00--01075--002</b>	
CITY-ST-ZIP <b>*****8.75 *****8.75</b>	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS <b>LS</b>	
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:  **JOSEPH A. SANZ, Secretary/Director** Date: **4/20/00** Daytime Phone #: **305-278-8400**

CR2E034 (9/99)