

# 2000 UNIFORM BUSINESS REPORT (UBR)

*UNRECORDED*

**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**      **3. Mailing Address**  
9000 SW 152nd St., #106  
Suite, Apt. #, etc.

**City & State**      **City & State**  
Miami, FL  
**Zip**      **Country**      **Zip**      **Country**  
33157

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

**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**      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**       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	P/D	<input type="checkbox"/> Delete
NAME	SARAFIS, DIONYSIOS	
STREET ADDRESS	c/o 9000 SW 152nd St., Ste. 106	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	SARAFIS, NICOLAOS	
STREET ADDRESS	c/o 9000 SW 152nd St., Ste. 106	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	SANZ, JOSEPH A.	
STREET ADDRESS	9000 SW 152nd St., #106	
CITY-ST-ZIP	Miami, FL 33157	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003237066--4	
CITY-ST-ZIP	-05/03/00--01075--001	
	*****61.25      *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003237066--4	
CITY-ST-ZIP	-05/03/00--01075--002	
	*****8.75      *****8.75	
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:**      *Joseph A. Sanz*      **JOSEPH A. SANZ, Secretary/Director**      **4/20/00**      **305-278-8400**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/99)