AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUL 13 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091176

1. Entity Name

KAPPA TAU, INC.

Principal Place of Business	Mailing Address
115 SE 2ND ST 2ND FLOOR MIAMI FL 33131-3153	P.O. BOX 110239 MIAMI FL 33111-0239

DO NOT WRITE IN THIS SPACE

07/13/00 90038 001 306.25

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0644361 ☐ 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
DEMOS, ANGELO P ESQ. 1101 BRICKELL AVE SUITE 1700 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDAS CONSTANTINO, TOEDORO 115 SE 2ND ST 2ND FL MIAMI FL 33131-3153	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDAS CONSTANTINO, ALICIA 115 SE 2ND ST 2ND FL MIAMI FL 33131-3153	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONSTANTINO, PANAYOTIS 115 SE 2ND ST 2ND FL MIAMI FL 33131-3153	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GOVANTES, CARLOS 115 SE 2ND ST 2ND FL MIAMI FL 33131-3153	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTZORTZAKIS, MARIA 115 SE 2d ST 2d FLOOR MIAMI FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 6-8-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS GOVANTES 4-12-00 (305) 594-0450
Date Daytime Phone #

RD. MILLIGAN JUL 25 2000

7/20