

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90497 009 ***150.00

DOCUMENT # J59363

1. Entity Name
DEFNA, INC.

Principal Place of Business

**18329 US 19
 SUITE K
 HUDSON FL 34667
 US**

Mailing Address

**C/O FORTUNE SUNCOAST REALTY
 P.O. BOX 6308
 SPRING HILL FL 34611
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2809190**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SIDERATOS, DEMETRIOS
 18329 U.S. HWY. 19, SUITE #L
 P.O. BOX 6308
 SPRING HILL FL 34607**

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, 2001 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	D	☐ Delete
NAME	SIDERATOS, DEMETRIOS	
STREET ADDRESS	7910 3ED AVE.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	☐ Delete
NAME	SIDERATOS, NIKOLAOS	
STREET ADDRESS	7910 3ED AVE.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	☐ Delete
NAME	SIDERATOS, ALEX	
STREET ADDRESS	6803 BLISS TER.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	☐ Delete
NAME	KALLINGAS, EMANUEL	
STREET ADDRESS	237 68TH ST.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEMETRIOS SIDERATOS

Date

Daytime Phone #

3-12-01

CR2E034 (10/00)