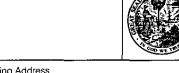
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

622550

1. Entity Name ATENA CORPORATION



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90448 027 ***150.00

				i				
314 SW 185	ce of Business AVENUE PINES FL 33029	Mailing Address 314 SW 185 AVE PEMBROKE PINES FL 3: US	3029					
2. Principal Place of Business		3. Mailing Address			AL BUNAL BRUN BURAL BUR	 	/	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-1914045			Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desire		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	en e	7. Name and Address of Ne	w Registered A	gent		
			Name					
TSIORTO	URTSIDIS, EMMANUEL		Ctun at A dates	OC Pay Number is Not Assess	-1-1-1			
314 SW 185 AVE			Street Addres	ss (P.O. Box Number is Not Accepta	inie)			
	KE PINES FL 33029							
					 _	T = 0		
			City		FL	Zip Cod	е	
	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office or regis	stered agent, or both, in the State of	Florida. I am fa	ımiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)	DATE			
Afte	ELE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Trust Fund Contrib			May Be	
10.	OFFICERS AND	DIRECTORS	11.	L ADDITIONS/CHANGES TO (DEFICERS AND	DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change	Addition	
NAME	TSIORTOURTSIDS, EMMANUEL		NAME					
STREET ADDRESS	FILLIPO 60 KATERINE		STREET ADDRESS					
CITY-ST-ZIP	GREECE, 60100		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE			Change	Addition	
NAME	TSIORTOURTSIDS, HISAIA P		NAME					
STREET ADDRESS	FILLIPO 60 KATERINE		STREET ADDRESS					
CITY-ST-ZIP	GREECE, 60100		CITY-ST-ZIP					
TITLE		Delete				☐ Change	Addition	
NAME	}		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-\$T-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS	1	,	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS	l		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	l .		CITY-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE: