2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 704593** Jul 18, 2000 8:00 am 1. Entity Name **Secretary of State** ORDER OF AHEPA, FORT LAUDERDALE CHAPTER NO. 394. 07-18-2000 90019 004 ****61.25 Principal Place of Business Mailing Address 815 N E 15TH AVENUE 815 N E 15TH AVENUE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address THINES TOON VIDES Baronte Burua Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-0121275 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6;-Name and Address of Current Registered Agent≃ 7.=Name and Address of New Registered Agent == TO A N NODE 30ANNIDES ox Number is Not Acceptable) CARRATT, HARRY G 2601 E OAKLAND PK BLVD STE 500 FT. LAUDERDAYE FL 33306 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 rainstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. "11. . KC Change Addition TITLE N Delete TITLE MONLIS PLANAKIS CARRATT, HABRY G. NAME NAME 24 16 NE ZLTH AVE 2601 E. OÄKLAND PK. BLVD STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL. \$3305 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDÉRDALE FL CONSTANTINE DAULANTES A Change Detete TITLE TITLE HOMATAS, MICHAEL NAME NAME 20:29 N. OCEAN BLVD-708 SE 25TH AVE STREET_ADDRESS STREET ADDRESS FT. LAUDEADALE 3330 CITY-ST-ZIP CITY-ST-ZIP POMPÁNO BEACH FL Change **VPD** ☐ Addition Delete TITLE TITLE. JAMES JUA NNIDES Franzelas, James NAME NAME 577 SPINNAKER 601 S.W. \2TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: ZANSIGNATURE REPORT OF BIGNING OFFICER OR DIRECTOR