

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90181 045 \*\*\*\*61.25

**DOCUMENT # 755397**

1. Entity Name

**ST. SOPHIA GREEK ORTHODOX COMMUNITY**

Principal Place of Business

Mailing Address

**2401 S.W. 3RD AVENUE  
 MIAMI FL 33129-2030**

**244 S.W. 24TH ROAD  
 MIAMI FL 33129  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0711183**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMOS, ANGELO P.  
 1101 BRICKELL AVENUE  
 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: SCURTIS, JOHN C  Delete  
 STREET ADDRESS: 3665 BATTERSEA RD  
 CITY-ST-ZIP: COCONUT GROVE FL 33133

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: TD  
 NAME: MARTINI, GREGORY T  Delete  
 STREET ADDRESS: 1248 SOROLLA AVE  
 CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: VD  Delete  
 NAME: PREVOLIS, STEVE  
 STREET ADDRESS: 151 CRANDON BLVD., APT. 625  
 CITY-ST-ZIP: KEY BISCAYNE FL

TITLE: PD  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: APT. 329  
 CITY-ST-ZIP: 33149

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: VD  Change  Addition  
 NAME: GREGOR, THEODORE  
 STREET ADDRESS: 9400 SW 61 COURT  
 CITY-ST-ZIP: PINECREST, FL 33156

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: VD  Change  Addition  
 NAME: DEWITT, MARY ANN  
 STREET ADDRESS: 6520 MILLER DRIVE  
 CITY-ST-ZIP: MIAMI, FL 33155

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: TD  Change  Addition  
 NAME: KAYS, THEODORE  
 STREET ADDRESS: 751 CORONADO AVENUE  
 CITY-ST-ZIP: CORAL GABLES, FL 33143

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 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: \_\_\_\_\_

**STEVE PREVOLIS**

1/28/01

305 854 2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)