2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 756142 May 11, 2000 8:00 am Secretary of State 1. Entity Name ROUMELIOTIKO SOCIETY OF FLORIDA, INC. 03-17-2000 90032 005 \*\*\*\*61.25 Principal Place of Business Mailing Address 5112 TAFT ST 5112 TAFT ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-4038 OU O DECLER 3/ Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Voula Priovolos Street Address (P.O. Box Number is Not Acceptable) DIMITRIOU, MARIA **5112 TAFT ST** HOLLYWOOD FL 33021 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 \$5.00 May Be FILE NOW: Election Campaign Financing Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Theofanis Rigales Change Addition PD Delete TITLE PD & TITLE NAME NAME. RIGALOS, THEOFANIS STREET ADDRESS 290 NW 125TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMLEL George, Karachalios Wichango Delete THILE VP. D NAME DIMITRIOU, MARIA NAME 3820 450000 Hollywood fl. 3302 STREET ADDRESS STREET ADDRESS **5112 TAFT ST** CITY-ST-ZIP vice President) CITY-ST-ZIP HOLLYWOOD FL 33021 TETLE Delete TIPLE TP Vasiliki Pilipuras CARRAS, GERASIMOS NAME NAME 2823 McKinley st STREET ADORESS (Trezurer) STREET ADDRESS 4812 NW 15TH ST Hollyword Fl 33020 CITY-ST-ZIP CITY-ST-ZIP <u>Coconut Creek Fi</u> TITLE S.D ☐ Change ☐ Addition ☐ Delete Voulor Prioro Cos NAME 13945 Lake George Ct Secretoury STREET ADORESS STREET ADDRESS Miami Lakes F1. 33014 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition

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.

NAME

STREET ADDRESS CITY+ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CiTY-SY-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

ould Provot From

954 (9648362