

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756142

1. Entity Name

ROUMELIOTIKO SOCIETY OF FLORIDA, INC.

Principal Place of Business

5112 TAFT ST  
HOLLYWOOD FL 33021

Mailing Address

13945 LAKE GEORGE CT  
HIALEAH FL 33014  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PRIEVOLOS, VOULA  
13445 LAKE GEORGE CT  
HIALEAH FL 33014

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME PD  
STREET ADDRESS RIGALOS, THEOFANIS  
CITY-ST-ZIP 290 NW 125TH ST  
NORTH MIAMI FL

TITLE ☐ Delete

NAME SD  
STREET ADDRESS PRIEVOLOS, VOULA  
CITY-ST-ZIP 13945 LAKE GEORGE CT  
HIALEAH FL 33014

TITLE ☐ Delete

NAME VPD  
STREET ADDRESS KARACHALIES, GEORGE  
CITY-ST-ZIP 3820 HOLLYWOOD  
HOLLYWOOD FL 33021

TITLE ☐ Delete

NAME TD  
STREET ADDRESS VASIEIKI, PILUORAS  
CITY-ST-ZIP 2823 MCKINLEY ST  
HOLLYWOOD FL 33020

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 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:

SIGNATURE REQUIRED

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90009 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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