

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 29 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/16



DO NOT WRITE IN THIS SPACE

DOCUMENT # **A10068**

1. Entity Name
KYRIAKIS LIMITED

Principal Place of Business: **849 BERKLEY COURT, PALM HARBOR FL 34684**
Mailing Address: **849 BERKLEY COURT, PALM HARBOR FL 34684-3067**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1426897**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KYRIAKIS, ALEXANDER
849 BERKLEY COURT
PALM HARBOR FL 34684**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$60,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$60,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F20112**
NAME **KYRIAKIS & ASSOCIATES**
STREET ADDRESS **849 BERKLEY COURT**
CITY - ST - ZIP **PALM HARBOR FL**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **000003207320-- 7**
CITY - ST - ZIP **-04/13/00--01048--026**
******517.50 ****517.50**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Alexander Kyriakis* **SIGNATURE REQUIRED**
ALEXANDER KYRIAKIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-24-00 **(727) 784-6676**
Date Daytime Phone #

CR2E003 (9/99)