## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F0000002691

1. Entity Name

## SACRED PATRIARCHAL AND STAVPODECIAL



## **FILED** Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90113 044 \*\*\*\*61.25

Principal Place	e of Business	Mailing Address			4			
36-07 23RD AVE ASTORIA NY 11	ENUE	36-07 23RD AVENUE ASTORIA NY 11105						
2. Principal Pl	lace of Business	3. Mailing Address		<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1				
City & State						CHECK HERE	IF MAKING CHAI	VGES
		City & State			4. FEI Number 1	1-2526243		Applied For
Zip	Country	Zip	Count	ry = 3-2-	5. Certificate of St	atus Desired	( \$8.7	Not Applica  Additional
	6. Name and Address of Curren	t Registered Agent	<del></del>		1		Fee Re	equired
				Name	7. Name and Add	Less of New H	egistered Agent	
	DES, NICKOLAS C		-	Street Address /	PO Pay Number is N			
201 E. KEN TAMPA FL	NNEDY BLVD., SUITE 1130		Ľ		P.O. Box Number is N	vut Acceptable) ———	)	
TOMEN IL	0000Z		]					
			- 1	City	<del>- , , ,</del>	<del>-</del>	FL Zip	Code
<ol> <li>The above n</li> </ol>	named entity submits this statement for ins of registered agent.	or the purpose of changing its	registered of	office or registers	ed agent, or both, in t	the State of Flav		
are obligation	ins or registered agent.		_	-3.000	agoni, or boin, iff (	ine State Of FIOI	ida. Tam familiar	with, and acce
IGNATURE								
SI								
	gnature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered An	ent signatura required				
(e)	gnature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Age	ent signature required	when reinstating)		DATE	<del></del>
€ .				<del></del>		10-1		
<b>(e</b> )	LE NOW: FEE IS \$61.25	and title if applicable. (NOTE  9. Election Carr  Trust Fund C	npaign Finar	ncing _	\$5.00 May Re	Mak Florida	e Check Paya	ble to
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Indicated on this report or 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 oath; that I am an officer or director changed, or on an attachment with an address, with all other like appropried. SIGNATURE:

METROPOLITAN PAISIOS