

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27120

1. Entity Name

J & N LASKARIS CORPORATION

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90338 006 ***150.00

Principal Place of Business

CITY OF CORAL SPRING
5610 GODFREY RD
CORAL SPRINGS FL 33065
US

Mailing Address

CITY OF CORAL SPRING
5610 GODFREY RD
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

city of coral springs
Suite, Apt. #, etc.

3. Mailing Address

5610 GODFREY RD
Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

Country

33067 BROWARD

Zip

Country

33067 BROWARD

4. FEI Number

59-2088321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASKANIS, DIMITRIOS
5610 GODFREY ROAD
POMPAHO BEACH FL 33067

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASKARIS, DIMITRIOS 5610 GODFREY RD. CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-755-1487

3-1-01

CR2E034 (10/00)