## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with all address, with all other like empowered.

IAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

## **FILED** Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # H77201** 1. Entity Name GRECON, INC. 04-24-2000 90098 011 \*\*\*150.00 Principal Place of Business Mailing Address % BASIL S. DIAMOND % BASIL S. DIAMOND 400 VILLAGE BLVD #B 400 VILLAGE BLVD #B WEST PALM BEACH FL, 33409-6605 WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2581036 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PANOS, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 400B VILLAGE BLVD W PALM BEACH FL 33409 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change Addition ☐ Delete TITI F TITLE PANOS, GREGORY J. NAME NAME 2087 ARDLEY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. PALM BCH. FL Change ■ Addition ☐ Delete TITLE TITLE PANOS, IRENE C. NAME STREET ADDRESS 2087 ARDLEY RD. STREET ADDRESS CITY-ST-ZIP N.PALM BCH, FL CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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