

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90247 034 \*\*\*150.00

DOCUMENT # **Ref # J32630**

1. Entity Name

**GEORGETTSEE Corporation**

Principal Place of Business

Mailing Address

**1411 KASS Circle  
 Springhill FL  
 34601**

**1641 Bayview Ave  
 Bronx N.Y. 10465**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

**BARBARA KATACHIS  
 1641 BAYVIEW AVE  
 Bronx N.Y. 10465**

Name **Stacy Barbas**

Street Address (P.O. Box Number is Not Acceptable)

**5202 School Road**

**New Port Richey FL**

City

FL

Zip Code

**34653**

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

**Stacy Barbas**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**6/04/01**

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 ☐ Delete

NAME **BARBARA KATACHIS**

STREET ADDRESS **1641 BAYVIEW AVE**

CITY-ST-ZIP **BRONX N.Y. 10465**

TITLE ☐ Delete

NAME **Julia Soldatos**

STREET ADDRESS **21-32 41ST Street**

CITY-ST-ZIP **ASTORIA N.Y. 11105**

TITLE ☐ Delete

NAME **Stacy Barbas**

STREET ADDRESS **5202 School Road**

CITY-ST-ZIP **New Port Richey FL 34653**

TITLE ☐ Delete

NAME **Dino Barbas**

STREET ADDRESS **5202 Middle town road Apt 6**

CITY-ST-ZIP **BRONX N.Y. 10465**

TITLE ☐ Delete

NAME **(Shack Worker)**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

**Julia Soldatos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-00 718-829-1154**

CR2E034 (11/00)