

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07007

1. Entity Name

PAROS, INC.

FILED

Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90102 018 \*\*\*150.00

Principal Place of Business

Mailing Address

% STAMATIKI DRAKAKIS  
135 S. ATLANTIC AVE  
DAYTONA BEACH FL 32118-4301

% STAMATIKI DRAKAKIS  
135 S. ATLANTIC AVE  
DAYTONA BEACH FL 32118-4301

2. Principal Place of Business

3. Mailing Address

230 N. HALIFAX DR  
Suite, Apt. #, etc.

230 N. HALIFAX DR  
Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH, FL

ORMOND BEACH, FL

Zip

Country

Zip

Country

32176 Volusia

32176 Volusia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAKAKIS, STAMATIKI  
135 S. ATLANTIC AVE  
DAYTONA BEACH FL 32018

Name

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

230 N. HALIFAX DR.

City

ORMOND BEACH

FL

Zip Code

32176

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 *Stamati C. Drakakis*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	DRAKAKIS, STAMATIKI	
STREET ADDRESS	230 N. HALIFAX DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DRAKAKIS, NICHOLAS	
STREET ADDRESS	110 WOODBRIDGE CIRCLE S.	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	V-	<input type="checkbox"/> Delete
NAME	SKANDALAKIS, DANNY	
STREET ADDRESS	230 N. HALIFAX DRIVE	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stamati C. Drakakis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/2000

Daytime Phone #

904-673-4639

CR2E034 (9/99)