2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am **DOCUMENT # K47913** Secretary of State 1. Entity Name STOP INVESTMENTS, INC. 02-06-2001 90038 026 ***150.00 Principal Place of Business Mailing Address C/O E VARELIS 4501 MANATÉE AVE W C/O EC ACCOUNTING LTD 215-534 LAWRENCE AVE. W. BRADENTON FL 34209 TORONTO ON M6A 1-2 2. Principal Place of Business 3. Mailing Address c/o E. Varelis Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1104 Mallorc Dr. City & State City & State 4. FEI Number Applied For 65-0251276 Bradenton Beach, Florida Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34209 U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent c/o E. Varelis VARELIS, EVA Street Address (P.O. Box Number is Not Acceptable) 1104 Mallorc Dr. 4501 MANATEE AVE W 102 **BRADENTON FL 34209** Zip Code 34209 Bradenton Beach, 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. XI Change TITLE ☐ Delete TITLE VARELIS, EVA NAME NAME VARELIS 1104 MALLORC DR. STREET ADDRESS 4501 MANATEE AVE W 102 STREET ADDRESS 34209 CITY-ST-ZIP CITY-ST-ZIP BRADENTON BEACH, FL. **BRADENTON FL** TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITHE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP 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 leport 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 trusted 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 29, 2001