

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L51847**

1. Entity Name  
**KORINTHOS, INC.**

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90171 040 \*\*\*550.00

Principal Place of Business  
**6281 POWERLINE ROAD  
FORT LAUDERDALE FL 33309-2017**

Mailing Address  
**6281 POWERLINE ROAD  
FORT LAUDERDALE FL 33309-2017**

2. Principal Place of Business  
**6251 Powerline Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**6251 Powerline Road**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Fort Lauderdale**  
Zip  
**33309-2017** Country  
**USA**

City & State  
**Fort Lauderdale**  
Zip  
**33309-2017** Country  
**USA**

4. FEI Number  
**65-0188357**

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

**MURDOCH, ROBERT E.  
500 EAST BROWARD BOULEVARD  
FORT LAUDERDALE FL 33394**

Name  
**Dimitrios Tsiakanikas**

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

**6251 Powerline Rd**

City  
**Fort Lauderdale** FL Zip Code  
**33309**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
**DPVP  
TSAKANIKAS, DIMITRIOS  
1275 S.W. 46TH AVE., #2216  
POMPANO BEACH FL 33069** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TSakanikas Dimitrios** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
TSAKANIKAS, DIMITRIOS  
1275 S.W. 46TH AVE., #2216  
POMPANO BEACH FL 33069** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Tsiakanikas, Dimitrios** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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 REQUIRED **Dimitrios Tsiakanikas 7/6/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #