2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # L69350** EVREKIAN INVESTMENT CORPORATION 03-06-2000 90010 013 ***150.00 Principal Place of Business Mailing Address 1307 GULF WAY 1307 GULF WAY PASS-A-GRILLE PASS-A-GRILLE PARTITION ST. PETERSBURG FL 33706 ST. PETERSBURG FL 33706-4225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3018238 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent ------- 6. Name and Address of Current Registered Agent-EVRIKOZ, TAKVOR Street Address (P.O. Box Number is Not Acceptable) 1307 GULF WAY, PASS-A-GRILLE ST. PETE BEACH FL 33706 Zip Code FL 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PST** E034 (9/99 Addition TITLE Change HILLE Delete EVRIKOZ, TAKVOR NAME ADDRESS 1307 GULF WAY STREET ADDRESS ST-ZIP CITY-ST-ZIP ST PETERSBURG BCH FL ☐ Change Addition ☐ Delete TITLE EVRIKOZ, TAKVOR NAME ADDRESS STREET ADDRESS 1307 GULF WAY CITY-ST-ZIP ST-ZIP ST PETERSBURG BCH FL Delete -[-]-Change *Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME · Krusur ey STREET ADDRESS CITY-ST-ZIP ST-ZIP Delete Addition ☐ Change TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change □ Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP 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. changed, or on an attachment with an address, with all other like or