

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95506

1. Entity Name

KOSTALEX INVESTMENTS LTD., INC.

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90006 037 \*\*\*150.00

Principal Place of Business

Mailing Address

% JOHN C. SCURTIS  
701 NE 2ND AVENUE  
MIAMI FL 33132

% JOHN C. SCURTIS  
701 NE 2ND AVENUE  
MIAMI FL 33132

JUL 11



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3605 BATTERSEA ROAD

POB 331070

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FLORIDA

MIAMI FLORIDA

City & State  
33133 USA

City & State  
33233-1070 USA

Zip Country

Zip Country

4. FEI Number 74-2039683

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

SCURTIS, JOHN C.  
701 NE 2ND AVENUE  
MIAMI FL 33132

Name

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

City

FL

Zip Code

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: *John C. Scurtis*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/01/01

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 D  
STREET ADDRESS PAPASAKELARIOU, CONSTANTINO  
CITY-ST-ZIP MADRICES A IBARRAS NO. 4  
CARACAS VZ

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/21/01 305-858-8838

CR2E034 (10/00)