## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Aug 08, 2000 8:00 am § Secretary of State **DOCUMENT # N19015** 1. Entity Name : AHEPA 421, INC. 08-08-2000 90016 001 \*\*\*\*70.00 Principal Place of Business Mailing Address 350 N.E. 141ST ST. 350 N.E. 141ST ST. ~~, 1010 MIAMI FL 33161 MIAMI FI 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2842462 Not Applicable Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) DEMOS, ANGELO P. 100 N. BISCAYNE BLVD., S-801 **MIAMI FL 33132** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) بأران والمراج FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE Change CHIADIS, MICHAEL NAME NAME STREET ADDRESS 1024 JOHNSON ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP Resident. **∑** Change ☐ Addition ☐ Delete TITLE TITLE VALAVANIS, ANGELO NAME NAME STREET ADDRESS STREET ADDRESS 1201 NE 199 ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33179 Addition Delete TITLE ☐ Change TITLE Anthony taggnakis VALAVANIS, CHRIS NAME NAME 955 NE 135/1X STREET ADDRESS STREET ADDRESS 20760 NW 1ST COURT North Miami CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 Spiro Alet Change TITLE Delete TITLE 901 BW 128CA TER APT 2114. NAME KARAYEANES, PETER NAME STREET ADDRESS STREET ADDRESS 8790 NW 13THSTREET 1100 F133027 CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL Delete Change TITLE TITI F Athanasion NAME MARIKOS, DINO NAME N. Miami Ave STREET ADDRESS STREET ADDRESS 101 NW 135TH STREET CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL TD TITLE ☐ Addition TITLE Delete NAME MANUEL, PAULOS E NAME STREET ADDRESS 11390 NW 15TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

ANGELD VALANAWIS 7/19/00 305 7316439