

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N19015**

1. Entity Name

AHEPA 421, INC.**FILED****May 01, 2002 8:00 am**
Secretary of State

05-01-2002 91480 042 ****70.00

Principal Place of Business

Mailing Address

**350 N.E. 141ST ST.
MIAMI FL 33161****350 N.E. 141ST ST.
MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2842462

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

**DEMOS, ANGELO P.
100 N. BISCAYNE BLVD., S-801
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CHIADIS, MICHAEL**
STREET ADDRESS **1024 JOHNSON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **VALAVANIS, ANGELO**
STREET ADDRESS **1201 NE 199 ST**
CITY-ST-ZIP **N MIAMI FL 33179**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **PAGANAKIS, ANTHONY**
STREET ADDRESS **~~955 NE 135TH ST.~~**
CITY-ST-ZIP **NORTH MIAMI FL 33168**TITLE ☒ Change ☐ Addition
NAME **PAGANAKIS, ANTHONY**
STREET ADDRESS **3800 HILLCREST DR. APT #301**
CITY-ST-ZIP **HOLLYWOOD, FL 33021-7937**TITLE **D** ☐ Delete
NAME **SPIRO, ALEX**
STREET ADDRESS **901 SW 128TH TERRACE APT. 211A**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ATHANASION, MICHAEL**
STREET ADDRESS **~~14205 N. MIAMI AVE.~~**
CITY-ST-ZIP **~~MIAMI FL 33168~~**TITLE ☒ Change ☐ Addition
NAME **ATHANASIOU, MICHAEL**
STREET ADDRESS **11500 E. SQUIRE CT.**
CITY-ST-ZIP **INVERNESS, FL 34450**TITLE **TD** ☐ Delete
NAME **POULOS, EMANUEL**
STREET ADDRESS **901 SW 128TH AVE. APT. E309**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **ANGELO VALAVANIS** *Angelo Valavanis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02

Date

305-899-8587

Daytime Phone #

CR2E037 (9/01)