

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90197 041 ****70.00

DOCUMENT # N19015

1. Entity Name
AHEPA 421, INC.



Principal Place of Business

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

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DEMOS, ANGELO P.
100 N. BISCAYNE BLVD., S-801
MIAMI FL 33132**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHIADIS, MICHAEL	
STREET ADDRESS	1024 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	P	<input type="checkbox"/> Delete
NAME	VALAVANIS, ANGELO	
STREET ADDRESS	1201 NE 199 ST	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PAGANAKIS, ANTHONY	
STREET ADDRESS	3800 HILLCREST DR. APT # 301	
CITY-ST-ZIP	HOLLYWOOD FL 33021-7937	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIRO, ALEX	
STREET ADDRESS	901 SW 128TH TERRACE APT. 211A	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATHANASION, MICHAEL	
STREET ADDRESS	11500 E. SQUIRE CT.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POULOS, EMANUEL	
STREET ADDRESS	901 SW 128TH AVE. APT. E309	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATHANASES ANTONOPOULOS	
STREET ADDRESS	155 NORTH SHORE DR	
CITY-ST-ZIP	MIAMI BEACH, FLA. 33141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2608 NE 214 ST	
CITY-ST-ZIP	AVENUE FLA 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 7/22/03 305-899-8587**

CR2E037 (10/02)