

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90115 015 ****61.25

DOCUMENT # N25920

1. Entity Name

PANCYPRIAN ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2140 DREW ST.
 CLEARWATER FL 34625

2140 DREW ST.
 CLEARWATER FL 34625

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

59-2892691

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSTANTINOU, DINO
 2140 DREW ST., SUITE F
 CLEARWATER FL 34625

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 \$61.25

9. 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: VP Delete
 NAME: TARROU, JAMES
 STREET ADDRESS: 2140 DREW STREET, SUITE F
 CITY-ST-ZIP: CLEARWATER FL

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

TITLE: DRS Delete
 NAME: THEOPHARONS, PETER
 STREET ADDRESS: 1320 GLENDALE DR
 CITY-ST-ZIP: DUNEDIN FL

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

TITLE: DP Delete
 NAME: PIERRI, THELMA
 STREET ADDRESS: 4928 MARLYN DR.
 CITY-ST-ZIP: NEW PORT RICHEY FL

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

TITLE: D Delete
 NAME: PISSOURIOS, LAKIS
 STREET ADDRESS: 3916 LITTLE EGRET COURT
 CITY-ST-ZIP: LITZ FL

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

TITLE: DT Delete
 NAME: AVASTASIAD, ANASTASIS
 STREET ADDRESS: 2661 ST JOSEPH DR.E
 CITY-ST-ZIP: DUNEDIN FL 34698

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

TITLE: VP Delete
 NAME: CHRIS NICOLAON
 STREET ADDRESS: 27042 BREAKERS DR
 CITY-ST-ZIP: WESLEY CHAPEL FL 33543

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: *Constantinou, Dino* 3/31/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)