

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90004 005 ****61.25

DOCUMENT # N47919

1. Entity Name

**HELLENIC AMERICAN CHAMBER OF COMMERCE OF THE TAM
PA BAY AREA, INC.**

Principal Place of Business

**701 PARKLAND AVE
CLEARWATER FL 33764
US**

Mailing Address

**701 PARKLAND AVE
CLEARWATER FL 33764
US**

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

59-3116622

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

**ALEXANDROU, MICHAEL
2890 REGENCY CT.
CLEARWATER FL 34619**

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

**After September 13, 2002,
min. will be \$236.25.**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD ALEXANDROU, MICHAEL 2890 REGENCY CT CLEARWATER FL 34619	<input type="checkbox"/>		
VD MATSIS, NICHOLAS 801 HARBOR ISLAND CLEARWATER FL 33767	<input type="checkbox"/>		
SD TSAMBIAS, ELIAS 701 PARKLAND AVE CLEARWATER FL 33764	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

CR2E037 (4/02)

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: **SIGNATURE REQUIRED**

8/29/2002 727-441-5118