## W00000626 Requester's Name BASIL VASILAKOS, C.P.A. CERTIFIED PUBLIC ACCOUNTANT 7002 RIDGECREST TERRACE BROOKLYN, NEW YORK 11029 900003132999 City/State/Zip -02/11/00--01098--009 Phone # \*\*\*\*\*\*35.00 \*\*\*\*\*35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out ☐ Will wait ☐ Photocopy Certificate of Status

	Certificate of Status
NEW FILINGS  Profit  Not for Profit  Limited Liability  Domestication  Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  V. SHEPARD FEB 2 1 2000
E031(7/97)	Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED , AGENT OR BOTH FOR CORPORATIONS

the undersigned cor submits the following	poration organi: 1g statement in o	zed under the law	s of the State of _	or 617.1508, Florida Statutes, FLORIDA or registered agent, or both, in
the State of Florida.  1. The name of the of		STLATUS	ENTER PRISE	SOLYTIONS INC.
2. The mailing addre	ess of the corpor			
3. Date of incorpora	ation/qualificatio		-	ent number: <u>P 0000000</u> 62.6
4. The name and add				
5. The name and add	702 WEST TAMPA Plress of the new S	FL 33606 registered agent a	ET - APT. B	ox Not Acceptable)
	TAMPA, F.			·
	•		et address of the b	usiness office of its registered
				directors or by an officer so
Signature of an	fficer chairman or v	ice chairman of the bo	eard)	02/06/00
Leonidas D	OS AVI3 Privited or typed nam	President		(Date)
Having been named corporation, I hereb I further agree to co performance of my o registered agent.	as registered ag y accept the app mply with the pr luties, and I am	gent and to accept pointment as regi rovisions of all si familiar with and	i accepi ine obliga	is for the above stated igree to act in this capacity. he proper and complete tion of my position as
//c	7.62		-	0-2/06/00 Date)
f signing on behalf of a	re of Registered Age	nt)	_(	Date)
(Typed	or Printed Name)	<u>.                                    </u>		(Capacity)
	* *	* * FILING FEH	E: \$35.00 * * *	