

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90067 005 ***158.75

U142394

DOCUMENT # P00000052759

1. Entity Name

AEGEAN ISLES GREEK RESTAURANT, INC.

Principal Place of Business

**3056 N.W. 5TH STREET
 MIAMI FL 33125**

Mailing Address

**3056 N.W. 5TH STREET
 MIAMI FL 33125**

2. Principal Place of Business

297 E. Palmetto Park Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip
33432

Country

Zip

Country

4. FEI Number

65-1013026

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KOTSAKIS, NICKOLAS
 3056 N.W. 5TH STREET
 MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name

Nick Tsiavos

Street Address (P.O. Box Number is Not Acceptable)

3250 N.E. 28th St. Apt. 403

City

Ft Lauderdale, FL

FL

Zip Code

33308-7433

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

NICKOLAS KOTSAKIS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOTSAKIS, NICKOLAS	
STREET ADDRESS	20275 N.E. 2ND AVE., BLDG. L-23	
CITY-ST-ZIP	N. MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	TSIAVOS, NICK	
STREET ADDRESS	3250 N.E. 28TH ST., APT. 403	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308-7433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

Daytime Phone #

CR2E034 (10/00)