

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90197 006 \*\*\*150.00

**DOCUMENT # P00000085871**

1. Entity Name

**OVERSTUFFED DELI, INC.**

Principal Place of Business

**1799 NORTH STATE RD 7 BAY #12  
MARGATE FL 33063**

Mailing Address

**1799 NORTH STATE RD 7 BAY #12  
MARGATE FL 33063**

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

**65-1041143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STERN, BARRY  
7871 LAMIRADA DR  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **GIANNAKOPOULOS, PETER**  
Street Address (P.O. Box Number is Not Acceptable) **10148 183RD CT. SOUTH**  
City **BOCA RATON** FL Zip Code **33498**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**7-30-01**

DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** ☐ Delete  
NAME **GIANNAKOPOULOS, PETER**  
STREET ADDRESS **10148 183RD CT SOUTH**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **D** ☒ Delete  
NAME **STERN, BARRY**  
STREET ADDRESS **7871 LAMIRADA DR**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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 or without other like empowerment.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-30-01**

CR2E034 (5/01)

Attachment # PO0000085891

C6074645

DIVISION OF CORPORATIONS:

TALLAHASSEE, FL

7-30-01

DEAR SIR:

WE NEVER RECEIVED THE ORIGINAL  
BUSINESS REPORT THAT WAS DUE EARLIER.

PLEASE ACCEPT THIS REPORT WITH THE  
\$150.- FEE

THANK YOU

OVERSTUFFED DEEL INC

*Pete Gramopoulos*