2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000028193 **DOCUMENT #**



FILED Apr 16, 2003 8:00 am Secretary of State

l	UECOECOU	
	Δ٧	

PAUL ZIC	OTAS, INC									04-10-2	2003 902	204 041	130	J.00	
Principal Place 20 ISLAND AV MIAMI BEACH		i		Mailing A 20 ISLAI MIAMI B			-								
2. Principal F	Place of Busin	ess	·	3, Mailin	g Address										
Suite, Apt.	. #, etc.			Suite,	Apt. #, etc.					☐ CHECK	HERE IF M	MAKING (CHANGES	3	
City & Sta	te		_	City &	State		<u>-</u>		4. FEI Numb	^{er} 65-1088	8449			applied For lot Applicable	∋]
Zip		Coun	•	Zip		Coun	try		5. Certificate	of Status Des	sired		8.75 Ac ee Requir]
	6. Name	and Ad	dress of Current	Registered	Agent			ਜਾਵ - <u>.</u>	_≂ 7Name and	Address of	New Regis	tered Ag	ent]
ZIOTAS, F							Name Street A	ddress (F	P.O. Box Numbe	er is Not Acce	entable)				4
20 ISLANI	D AVE						0.10017	00000	.o. box (dilibe	-					╛
# 1114			_									\cap			
	ACH FL 331		_ · 顏				City				-^	FL	Zip Coo		
	e named entity tions of registe			or the purpos	e of changing its r	egistere	ed office o	registere	ed agent, or bot	h, in the State	e of Florida	. ani far	miliar with	, and accept	
SIGNATURE	Signature, typed o	or printed n	rne of registered agent	and title if applica	ble. (NOTE:	Registered	I Agent signati	ure required	when reinstating)	<u> </u>	XN2	DATE)		
Afte		3 Fee v	IS \$150.00 vill.be \$550.00 Department o	f State		-			9. Ele	tion Carried at Fundi Cont	ign Financi ribution.	ing 🔲		00 May Be d to Fees	
10.			OFFICERS AND	DIRECTORS	3	11.	0-		ADD TIONS	CHANGES T	O OFFICE	RS AND D	IRECTOR	RS IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIOTAS, PA 20 ISLAND MIAMI BEA	AVE	33139		☐ Delete		1 /	V	M			Ĵ	<u>Change</u>	Addition	CR2E034 (10/02)
TITLE NAME STREET AODRESS ÇITY-ST-ZIP					☐ Delete		ELADERESS ST-ZIP					[☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete			-			- 5	- 7 [Change	⊡ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete							Ī	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete						,		_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete								Change	Addition	
	· ·														1

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 607, 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:

<u>Signature required</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # #010000281 1. Entity Name	93		All	4 C HMON				
Paul Ziotas, Inc.								
DO NOT WRIT	E IN THIS SPA	CE	-					
			900875	58				
2. Principal Place of Business	3. Mailing Address		∸ *					
117 1st Terrace Suite, Apt. #, etc.	117 1st Terrac Suite, Apt. #, etc		DO NOT WRITE IN THIS SPACE					
San Marino Island City & State	San Marino Is City & State	land .	4. FEI Number Appli					
Miami Beach, FL	Miami Beach,		65-1088449	Not Applicable				
Zip Country 33139 USA	33139	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
DO NOT WRITE IN I	HIS.SPACE	Name	7. Name and Address of Current Regis	stered Agent				
		Paul Zio Street Addre 117 1st 1	tas ss (P.O. Box Number is Not Acceptable) errace					
, ed.		San Mar	ino Island					
		City Miami B		FL Zip Code 33139				
8. The above named entity submits this statement								
and accept the obligations of registered agen	τ.							
SIGNATURE Signature, typed or printed name of regi	stered agent and title if ann	licable (NOTE: Registered	Agent signature required when reinstating)	DATE				
January 1 - May 1 Fee is \$150.00	States again and the A opp	(NOTE, Registeres	Election Campaign Financing					
After May 1, Fee is \$550.00 Amended UBR is \$61.25	5 04-40		Trust Fund Contribution.	Added to Fees				
Make Check Payable to Florida Department of OFFICERS AND								
TITLE DP NAME Paul Ziotas	''	TITLE .						
street address 117 1st Terrace, San M		STREET ADDRESS						
CITY-ST-ZIP Miami Beach, FL 3313	9	CITY - ST - ZIP						
NAME		NAME.		. "				
STREET ADDRESS (CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	• ,					
TITLE		TITLE						
NAME STREET ADDRESS		STREET ADDRESS	بغينيه والمستعدد والمتعالية والمت	- Andrews				
CITY - ST - ZIP		CITY - ST - ZIP	DO NOT WRITE IN TH	HIS SPACE				
TITLE NAME		NAME.						
STREET ADDRESS CITY - ST - ZIP	·	STREET ADDRESS CITY - ST - ZIP	•					
TITLE		TITLE						
NAME STREET ADDRESS		NAME STREET ADDRESS						
CITY - ST - ZIP		CITY - ST - ZIP						
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS						
12. I hereby certify that the information supplied v information indicated on this report or supple an officer or director of the corporation or the appears in Block 10 or on an attachment with SIGNATURE:	mental report is true and receiver or trustee empe	I accurate and that my signa owered to execute this repor	ture shall have the same legal effect as if r t as required by Chapter 607, Florida Statu	nade under oath: that I am				