

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90264 041 ***150.00

DOCUMENT # P01000028193

1. Entity Name
PAUL ZIOTAS, INC.



Principal Place of Business
**20 ISLAND AVE
MIAMI BEACH FL 33139**

Mailing Address
**20 ISLAND AVE
MIAMI BEACH FL 33139**

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 **65-1088449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIOTAS, PAUL
20 ISLAND AVE
1114
MIAMI BEACH FL 33139**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **ZIOTAS, PAUL**
CITY-ST-ZIP **20 ISLAND AVE**
MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATTACHMENT

90087558

DOCUMENT # <u>P01000028193</u>					
1. Entity Name <i>Paul Ziotas, Inc.</i>					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <i>117 1st Terrace</i> Suite, Apt. #, etc. <i>San Marino Island</i> City & State <i>Miami Beach, FL</i> Zip <i>33139</i> Country <i>USA</i>			3. Mailing Address <i>117 1st Terrace</i> Suite, Apt. #, etc. <i>San Marino Island</i> City & State <i>Miami Beach, FL</i> Zip <i>33139</i> Country <i>USA</i>		
			4. FEI Number <i>65-1088449</i>		
			Applied For Not Applicable		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			Name <i>Paul Ziotas</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>117 1st Terrace</i>		
			<i>San Marino Island</i>		
			City <i>Miami Beach</i> FL Zip Code <i>33139</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DP Paul Ziotas 117 1st Terrace, San Marino Island Miami Beach, FL 33139</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>X [Signature]</i>			Date <i>X 4-10-03</i> (305) 951-4680		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E034B (12/02)