

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0103175 AV

DOCUMENT # P01000032081

1. Entity Name
DELISKA TRADITIONS USA, INC.



FILED

03 OCT -9 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5698 109TH AVENUE NORTH
PINELLAS PARK FL 33728
US

Mailing Address
5698 109TH AVENUE NORTH
PINELLAS PARK FL 33728
US

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 59-3709003

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

PEAVEY, JOEL
5698 109TH AVENUE NORTH
PINELLAS PARK FL 33728

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STANGO, DANIEL L
7122 PARASOL LANE
LAS VEGAS NV 89147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200024010632
10/22/03--01017--029 **\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PAPPAS, WILLIAM
101 EAST IMPERIAL HIGHWAY
BREA CA 92821 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALLER-DASKALIDES, DIMITRI
645 BLVD DECARLE
MONTREAL, QUE., CANADA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICHOLPOULOS, JAMES
500 DES LAURIERS
ST. LAURENT, QUE., CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NICHOLPOULOS, JAMES ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

James Nicholopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept. 17/2003 (54)642-0000

CR2E034 (4/03)