

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90121 026 ***150.00

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1. Entity Name
F.F.N.G. INVESTMENTS, CORP.



Principal Place of Business
3138 COMMODORE PLAZA #1 AND 2
COCONUT GROVE FL 33133
07

Mailing Address
3138 COMMODORE PLAZA #1 AND 2
COCONUT GROVE FL 33133
07

2. Principal Place of Business
3138 Commodore plaza

3. Mailing Address
3138 Commodore plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 142

Suite 142

City & State
Coconut Grove FL

City & State
Coconut Grove FL

Zip
33133

Country
07

Zip
33133

Country
Miami

4. FEI Number **74-3000996**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, CAROL
3138 COMMODORE PLAZA #1 AND 2
CONCONUT GROVE FL 33133

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **PARASKEVOPOULOS, FOTIOS**
STREET ADDRESS **3138 COMMODA PLAZA #1 AND 2**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **T** ☐ Delete
NAME **DA SILVA, FRANCISCO**
STREET ADDRESS **3138 COMMODER PLAZA #1 AND 2**
CITY-ST-ZIP **CONCONUT GROVE FL 33133**

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

TITLE **P** ☐ Delete
NAME **PARASKEVOPOULOS, IOANNIS**
STREET ADDRESS **3138 COMMODORE PLAZA #1 AND 2**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **S** ☐ Delete
NAME **TSYNCHOS, NIKOLAS**
STREET ADDRESS **3138 COMMODORE PLAZA #1 AND 2**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)