

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0352376 AV

DOCUMENT # P01000034110

1. Entity Name
THEOSAR GROUP, INC.

03-05-2002 90090 025 ***150.00

Principal Place of Business
6410 BREVARD AVE
WEST PALM BEACH FL 33405

Mailing Address
6410 BREVARD AVE
WEST PALM BEACH FL 33405



2. Principal Place of Business
1912 HARTFORD CRT

3. Mailing Address

Suite, Apt. #, etc.
UNIT #30D

Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State

4. FEI Number
65-1104105

Applied For
 Not Applicable

Zip
33409

Country
Palm Beach

Zip

Country

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

SARIDAKIS, JAKOVOS
1912 HARTFORD CT
WEST PALM BEACH FL 33409

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.

SIGNATURE

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

JAKOVOS J. SARIDAKIS Sec/VP.

2-11-02

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT / TREASURER
 NAME
DEMITRIOS THEODOSEAKOS
 STREET ADDRESS
6410 BREVARD AVE
 CITY-ST-ZIP
W.P.B. FL 33405

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
V. PRESIDENT / SECRETARY
 NAME
JAKOVOS SARIDAKIS
 STREET ADDRESS
1912 HARTFORD CRT
 CITY-ST-ZIP
W.P.B. FL, 33409

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE

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

021102 (561)

Date

Daytime Phone #

CR2E034 (9/01)