

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90453 018 ***150.00

DOCUMENT # P01000034437

1. Entity Name
LINA'S GREEK FOOD, INC.

Principal Place of Business
5965 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708

Mailing Address
5965 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address
506 Club Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Winter Springs FL

4. FEI Number
59-3709976

Applied For
Not Applicable

Zip

Country

Zip
32708

Country
Seminole

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

SAID, MOUNIR
5965 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708

Name
SAID, Mounir

Street Address (P.O. Box Number is Not Acceptable)

506 Club Dr

City **Winter Springs** **FL** Zip Code **32708**

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 *Mounir Said*

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

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **SAID, MOUNIR**
CITY-ST-ZIP **5965 RED BUG LAKE ROAD**
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
NAME **VPTD**
STREET ADDRESS **ERREDA, AMINA**
CITY-ST-ZIP **5965 RED BUG LAKE ROAD**
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE: *Mounir Said*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)