

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

FILED

DOCUMENT # P01000036383

1. Entity Name

Anagnostopoulos, Inc



03 APR 29 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Jefferson Avenue

3. Mailing Address
35 - 49 38th Street

Suite, Apt. #, etc.
Suite 20

Suite, Apt. #, etc.
c/o LNS Associates

City & State
Miami Beach, Florida

City & State
Astoria, New York

4. FEI Number 65-1105262

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
11101

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dino Anagnostopoulos

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

100 Jefferson Avenue, Suite 20

City Miami Beach

FL

Zip Code
33139

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

3/31/03

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Dino Anagnostopoulos
100 Jefferson Avenue, Suite 20
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500017312445
04/29/03--01061--026 **300.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

Daytime Phone #

CR2E034B (12/02)

gr 4/20