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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
03-31-2002 90338 016 ***150.00

DOCUMENT # P01000054100

1. Entity Name

Graeco Roman Construction Inc

DO NOT WRITE IN THIS SPACE

— 20424

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1611 SW 105th Lane.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: Davie FL	City & State
Zip 33324 Country	Zip Country

4. FEI Number 65-1111327 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Efkarpides, Teddy

Street Address (P.O. Box Number is Not Acceptable): 1611 SW 105th Lane.

City: Davie FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE: D	
NAME: Efkarpides, Teddy	
STREET ADDRESS: 1611 SW 105th Lane	
CITY-ST-ZIP: Davie FL 33324	
TITLE: D	
NAME: Ferreri Vincent	
STREET ADDRESS: 1611 SW 105th Lane	
CITY-ST-ZIP: Davie FL 33324	
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 15 MARCH 2002 954 303-4818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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