

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90278 027 \*\*\*150.00

**DOCUMENT # P01000090049**

1. Entity Name  
**SIEMPRE VIVA, INC.**

Principal Place of Business  
**301 TROPIC DR.  
LAUDERDALE BY THE SEA FL 33308**

Mailing Address  
**301 TROPIC DR.  
LAUDERDALE BY THE SEA FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3325 NE 32 St.**

3. Mailing Address  
**3325 NE 32 St.**

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

4. FEI Number  
**65-0860921**

Applied For  
Not Applicable

Zip  
**33308**

Country  
**BROWARD**

Zip  
**33308**

Country  
**BROWARD**

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

## 6. Name and Address of Current Registered Agent

**ANASTASIOU, VAN E  
1000 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33316**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE **D** ☐ Delete  
NAME **ANASTASIOU, STEPHANIE**  
STREET ADDRESS **301 TROPIC DR.**  
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: **SIGNATURE REQUIRED** *[Signature]* **8/1/02 954-526-4184**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment  
123423

SIEMPRE VIVA  
3323 N.E. 32 Street  
Fort Lauderdale, Florida 33308

August 1, 2002

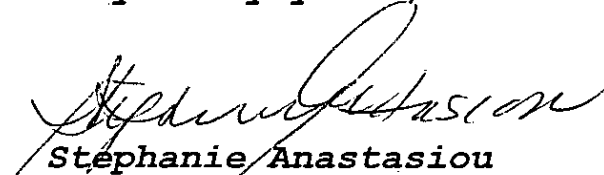
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Siempre Viva Inc.  
Doc # P01000090049

To Whom It May Concern:

Please allow this to serve as my request to waive the late filing fee as I did not receive the prior notice. I am enclosing \$ 150 for the filing fee and the completed report. Thank you for your assistance.

Very truly yours,

  
Stephanie Anastasiou  
President/Director