


2003

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

DOCUMENT # P.O. 1000093658 1. Entity Name THE GREEK CAFE INC	
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FILED
03 MAY -8 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3118 N. FALMOUTH HWY Suite, Apt. #, etc.	3. Mailing Address 3118 N. FALMOUTH HWY Suite, Apt. #, etc.
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City & State LIGHTHOUSE POINT FL	City & State LIGHTHOUSE POINT FL
Zip 33064	Zip 33064
Country BROWARD	Country BROWARD

4. FEI Number 65-1143351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name KONSTANTINOS MANTZORANIS	Street Address (P.O. Box Number is Not Acceptable) 3118 N. FALMOUTH HWY
City LIGHTHOUSE POINT FL	Zip Code 33064

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 Konstantinos Mantzoranis **DATE** APR 10 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DIRECTOR	NAME ROBERT ANTONIO
STREET ADDRESS 6322 CA COASTA DR	CITY-ST-ZIP BOCA RATON FL 33433
TITLE DIRECTOR	NAME KONSTANTINOS MANTZORANIS
STREET ADDRESS 3118 N. FALMOUTH HWY	CITY-ST-ZIP LIGHTHOUSE POINT FL 33064
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REINSTATEMENT 02-03

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: Konstantinos Mantzoranis **DATE:** APR 10 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR