2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099524

. Entity Name GREEK VILLAGE RESTAUR/		
rincipal Place of Business	Mailing Address	



03-28-2003 90056 039 ***150.00

Major Andrews Major Andrew												
Surte, Apt. 4, etc. Guestine Suite, Apt. 4, etc. Guestine	11125 PARK BLVD. #117		11129	PARK BLVD., #117								
City & State Country Country Country S. Certificate of Status Desired Replicated Agent 7. Name and Address of New Registered Agent Name GENTRY, CHARLES 1840 ST. PAULS DR. CILEARWATER FL 33764 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Displaced Agent displacement for the oursoose of changing its replicated office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. Signature Signature Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system will registered. Signature Special Common denser of ingenese system Agent system of the part of ingenese system Agent system of ingenese sys	2. Principal Place of Business 3. Mailing Ad		ling Address	Address			l 10011001 ili nolot fioli rolli dolli					
Zp	Suite, Apt. #, etc. Suite, Apt. #, etc.		e, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent GENTRY, CHARLES 1640 ST. PALLS DR. CLEARWATER FL 33764 Sincot Address (PO. Box Number is Not Acceptable) Signature for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered	City & State		City	& State	ate		4.	4. FEI Number 02-0537259]
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo	Zip	Country	Zip		Count	ry	5. ·	Certificate of Status Desired				-
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code B. 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. Turn familiar with, and accept the obligations of registered agent with possible of prices and began ment of State 10.	6. Nan	ne and Address of Current	Registere	ed Agent			7. [Name and Address of New Reg	istered A	gent		1
S. The above named entity submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	1640 ST. PAULS DR.				•							
THE NOW!! FEE IS 150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME TITLE TIT		EARWAIER FL 33/04				City		- 11-11-11-11	FL	Zip Cod	de	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10.			r the purp	oose of changing its	registere	d office or regist	tered ag	gent, or both, in the State of Floric	la. I am fa	miliar with	and accept	
Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURESignature, typ	्रेर ed or printed name of registered agent a	and title if app	olicable. (NOTE	: Registered	Agent signature requi	ired when re	einstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After May 1, 2	003 Fee will be \$550.00	State									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	10.	OFFICERS AND	DIRECTO)RS	11.		ΑE	DDITIONS/CHANGES TO OFFICE	ER\$ AND	DIRECTOR	RS IN 11	1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME KYRIAZI STREET ADDRESS 7713 JU	S, VASILIA ISTIN CT.			NAME STREE	T ADDRESS				·		10/03/
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS .	•		☐ Delete	NAME STREE	T ADDRESS				☐ Change	☐ Addition	رور
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		-	☐ Delete	NAME STREE	T ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS			☐ Delete	NAME STREE	T ADDRESS				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP STAGET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME	NAME STREET ADDRESS			. □ Delete	NAME STREE	T ADDRESS	,			☐ Change	☐ Addition	
	NAME STREET ADDRESS			☐ Delete	NAME STREE	T ADDRESS				☐ Change	Addition	
	12. I hereby certify that	the information supplied with	this filing	does not qualify for	the exer	nption stated in	Section	119.07(3)(i), Florida Statutes. I fu	urther cert	fy that the	information	1

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: