

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90352 037 ***150.00

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1. Entity Name
BRAVO VIOLINS, INC.



Principal Place of Business
**5000-18 HWY 17 #241
FLEMING ISLAND FL 32003**

Mailing Address
**5000-18 HWY. 17 #241
FLEMING ISLAND FL 32003**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number
75-3013460

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KORAH AIS, DIMITRIOS A
1607 BRIGHTON BLUFF CT
FLEMING ISLAND FL 32003**

7. Name and Address of New Registered Agent

Name: **Korahais, Dimitrios A**

Street Address (P.O. Box Number is Not Acceptable)
2220 Harbor Lake Drive

City **Fleming Island** FL Zip Code **32003**

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 *Dimitrios Korahais* DATE 4/18/03

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P Dimitrios Korahais 2220 Harbor Lake Drive Fleming Island, FL 32003		
S Beth Korahais 2220 Harbor Lake Drive Fleming Island, FL 32003		

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

SIGNATURE: *Dimitrios Korahais* DATE 4/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dimitrios Korahais, Pres.**

CR2E034 (10/02)