

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90234 022 ***150.00

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AV

DOCUMENT # P02000063806

1. Entity Name
PERIKLIS LYRAS WOODSHOP, IINC.



Principal Place of Business
**443 NORTHEAST 25TH STREET
POMPANO BEACH FL 33064**

Mailing Address
**443 NORTHEAST 25TH STREET
POMPANO BEACH FL 33064**



2. Principal Place of Business

455-57 N.E 25TH STREET

3. Mailing Address

455-57 NE 25TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEL Number

38-3652128

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.,
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145**

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

Periklis Lyras
Signature, typed or printed name of registered agent and title if applicable.

PERIKLIS LYRAS

(NOTE: Registered Agent signature required when reinstating)

04/10/03
DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
LYRAS, PERIKLIS T
443 NORTHEAST 25TH STREET
POMPANO BEACH FL 33064**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Periklis Lyras
PERIKLIS LYRAS **04/10/03** **9545933471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)