

P02000093087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

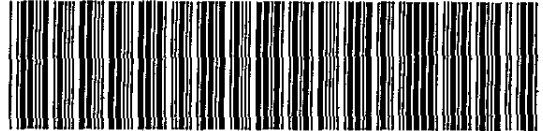
(Business Entity Name)

(Document Number)

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RECEIVED
FALLA COUNTY, FLORIDA

Rechange
T. Lewis 5/7/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OUZO'S GREEK TAVERNA & BAR INC
(Name of corporation)

DOCUMENT NUMBER: P02 0000 93087

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIZA HADJICHRISTOU
(Name of person)

Ouzo's Greek Taverna & Bar Inc
(Name of firm/company)

5415 Collins Ave # PHC
(Address)

Miami Beach FL 33140
(City/state and zip code)

For further information concerning this matter, please call:

LIZA HADJICHRISTOU at (305) 864 9848
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 29, 2003

LIZA HADJICHRISTOU
OUZO'S GREEK TAVERNA & BAR, INC.
5415 COLLINS AVE #PHC
MIAMI, FL 33140

SUBJECT: OUZO'S GREEK TAVERNA & BAR, INC.
Ref. Number: P02000093087

We have received your document for OUZO'S GREEK TAVERNA & BAR, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The person listed in #6, must sign accepting the designation as registered agent.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 303A00025971

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: OUZOU'S GREEK TAVERNA & BAR INC.
2. The principal office address: 940 71st ST, MIAMI BEACH FL 33141
3. The mailing address (if different): 5415 COLLINS AVE # PHC
MIAMI BEACH, FL 33140
4. Date of incorporation/qualification: 8/27/02 Document number: P02 0000 93087
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

JOHN HADJICHRISTOU
8835 Emerson Ave
Surfside, FL 33154

6. The name and street address of the new registered agent (if changed) and /or registered office
changed):

LIZA HADJICHRISTOU
940 71st ST
(P.O. Box or personal mailbox NOT acceptable)
MIAMI BEACH, FL 33141

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TALLAHASSEE, FL
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

LIZA HADJICHRISTOU (Secretary)
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address. I hereby confirm that the corporation has been notified in writing of this change.*

[Signature] 4/14/03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314