ATX1

# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED
09 MAR 27 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000093112

1. Entity Name

KARINA'S CAFE INC.

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5175 MARINER BLVD | 5277 DELTONA BLVD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SPRING HILL, FL | City & State: SPRING HILL, FL |
| Zip: 34609 Country: USA | Zip: 34606 Country: USA |

4. FEI Number: 26-0699211 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: GEORGE N DIAKAKIS

Street Address (P.O. Box Number is Not Acceptable): 5277 DELTONA BLVD.

City: SPRING HILL **FL** Zip Code: 34606

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

**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 | | 11. | |
|---|---|---|---|
| TITLE | PRESIDENT | TITLE | |
| NAME | GEORGE N DIAKAKIS | NAME | |
| STREET ADDRESS | 5277 DELTONA BLVD. | STREET ADDRESS | 800147724718 |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | CITY-ST-ZIP | 03/27/09--01035--011 **150.00 |
| TITLE | VICE PRESIDENT | TITLE | |
| NAME | LAURA E DIAKAKIS | NAME | |
| STREET ADDRESS | 5277 DELTONA BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | **DO NOT WRITE** |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | 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 on an attachment with an address, with all other like empowered.

SIGNATURE: George N Diakakis 3/13/09 352-428-0508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #