

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026938

1. Entity Name

LIOCON, CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90144 024 ***155.00

Principal Place of Business

5230 SW 76TH STREET
MIAMI FL 33143

Mailing Address

5230 SW 76TH STREET
MIAMI FL 33143-5947

2. Principal Place of Business

4035 BONITA AV.

3. Mailing Address

4035 BONITA AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COCONUT GROVE-FLORIDA

City & State

COCONUT GROVE-FLORIDA

4. FEI Number

65-0404594

Applied For

Not Applicable

Zip

33133-6336

Country

U.S.A.

Zip

33133-6336

Country

U.S.A.

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

VORDOKAS, CHARALAMBOS
5230 SW 76TH STREET
MIAMI FL 33143

Name

DIMITRIOS LEONOU DAKIS

Street Address (P.O. Box Number is Not Acceptable)

4035 BONITA AV.

City

COCONUT GROVE

FL

Zip Code

33133-6336

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.

SIGNATURE

Dimitrios Leonoudakis
Signature, typed or printed name of registered agent and title if applicable

DIMITRIOS LEONOU DAKIS
PRESIDENT OF LIOCON CORP.

(NOTE: Registered Agent Signature required when reinstating)

DATE

APRIL 12, 00.

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☒

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VORDOKAS, CHARALAMBOS	
STREET ADDRESS	5230 SW 76TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PVS	<input type="checkbox"/> Delete
NAME	LIONOU DAKIS, DIMITRIOS	
STREET ADDRESS	5230 SW 76TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMITRIOS LEONOU DAKIS	
STREET ADDRESS	4035 BONITA AV.	
CITY-ST-ZIP	COCONUT GROVE-FLORIDA 33133-6336	
TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONOU DAKIS DIMITRIOS	
STREET ADDRESS	4035 BONITA AV.	
CITY-ST-ZIP	COCONUT GROVE FL. 33133-6336	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dimitrios Leonoudakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIMITRIOS LEONOU DAKIS
PVST.

Date

Daytime Phone #

APRIL 12, 00 (305) 6695896

CR2E034 (9/99)