

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026938

1. Entity Name
LIOCON, CORP.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90049 012 ***155.00

Principal Place of Business
4035 BONITA AVE
COCONUT GROVE FL 33133-6336
US

Mailing Address
4035 BONITA AVE
COCONUT GROVE FL 33133-6336
US

642139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14035 BONITA AV.

3. Mailing Address
4035 BONITA AV.

City & State
COCONUT GROVE - FLORIDA

City & State
COCONUT GROVE - FLORIDA

4. FEI Number 65-0404594

Applied For
Not Applicable

Zip Country
33133-6336 U.S.A.

Zip Country
33133-6336 U.S.A.

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

6. Name and Address of Current Registered Agent

LEONOUidakis, DIMITRIOS
4035 BONITA AVE
COCONUT GROVE FL 33133-6336

LEONOUidakis
DIMITRIOS

7. Name and Address of New Registered Agent

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.

SIGNATURE: *Dimitrios Leonoudakis* DIMITRIOS LEONOUidakis
PRESIDENT OF LIOCON CORP. APRIL 12, 2001
(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☒ Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | LEONOUidakis, DIMITRIOS | |
| STREET ADDRESS | 4035 BONITA AVE | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133-6336 | |
| TITLE | LIONOUidakis KRYSTALIA | <input type="checkbox"/> Delete |
| NAME | VICE PRESIDENT | |
| STREET ADDRESS | 4035 BONITA AV. COCONUT GROVE | |
| CITY-ST-ZIP | FLORIDA 33133-6336 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | MARILISA LIONOUidakis | |
| STREET ADDRESS | 4035 BONITA AV. COCONUT GROVE | |
| CITY-ST-ZIP | FLORIDA 33133-6336 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LIONOUidakis KRYSTALIA | |
| STREET ADDRESS | 4035 BONITA AV. COCONUT GROVE | |
| CITY-ST-ZIP | FLORIDA - 33133-6336 | |
| TITLE | OFFICER - DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARILISA LIONOUidakis | |
| STREET ADDRESS | 4035 BONITA AV. COCONUT GROVE | |
| CITY-ST-ZIP | FLORIDA - 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* DIMITRIOS LEONOUidakis
PVST APRIL 12, 2001 (305) 6695896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)