

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90162 034 ***150.00

DOCUMENT # P93000027047

1. Entity Name
EFTHIMIOU, INC.

| | |
|--|---|
| Principal Place of Business 255 ALHAMBRA CIRCLE SUITE 100 520 CORAL GABLES FL 33134 | Mailing Address 255 ALHAMBRA CIRCLE SUITE 100 520 CORAL GABLES FL 33134-7400 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 255 Alhambra Circle Suite, Apt. #, etc. Suite 520 City & State Coral Gables FL Zip 33134 Country USA | 3. Mailing Address 255 Alhambra Circle Suite, Apt. #, etc. Suite 520 City & State Coral Gables, FL Zip 33134 Country USA |
|--|---|

| | |
|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**EFTHIMIOU, GUS JR.
 255 ALHAMBRA CIRCLE
 SUITE ~~100~~ 520
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 Name
EFTHIMIOU, Gus, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
**255 Alhambra Circle
 Suite 520
 City
 Coral Gables FL Zip Code
 33134**

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 **Gus Efthimiou, Jr.** DATE **4/26/2000**
Signature, typed or printed name of registered agent and title if applicable. (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, 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D EFTHIMIOU, GUS JR. 255 ALHAMBRA CIRCLE SUITE 100 520 CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D EFTHIMIOU, Gus, Jr. 255 Alhambra Circle Suite 520 Coral Gables FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Gus Efthimiou, Jr.** **Director** **4/26/2000 305-445-0602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)