

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027047

1. Entity Name
EFTHIMIOU, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90369 036 ***150.00

Principal Place of Business Mailing Address
~~255 ALHAMBRA CIRCLE~~ ~~SUITE 520~~ ~~CORAL GABLES FL 33134~~
255 ALHAMBRA CIRCLE
SUITE 520
CORAL GABLES FL 33134

2. Principal Place of Business 3. Mailing Address
9130 S. DADELAND Blvd. 9130 S. DADELAND Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1613 Suite 1613

City & State City & State
MIAMI, FL. MIAMI, FL.
Zip Zip
33156 USA 33156 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For
Not Applicable
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
EFTHIMIOU, GUS JR.
255 ALHAMBRA CIRCLE SUITE 250
CORAL GABLES FL 33134
Name EFTHIMIOU, GUS, JR.
Street Address (P.O. Box Number is Not Acceptable)
9130 S. DADELAND BLVD, Suite 1613
City MIAMI FL Zip Code 33156

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. GUSEFTHIMIOU, JR. 4/21/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFTHIMIOU, GUS JR.		NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFTHIMIOU, GUS JR.		NAME		
STREET ADDRESS	9130 S. DADELAND BLVD. SUITE 1613		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Gus Efthimiou Jr. DIRECTOR GUSEFTHIMIOU, JR. 4/21/2001 (305) 670-8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)