

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029164

1. Entity Name

KOSTAS & SONIA, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90035 006 ***150.00

Principal Place of Business

13080 STATE ROAD 84
DAVIE FL 33325

Mailing Address

13080 STATE ROAD 84
DAVIE FL 33325

2. Principal Place of Business

13550 NW 6TH DR
Suite, Apt. #, etc.

3. Mailing Address

13550 NW 6TH DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL PLANTATION FL

Zip

Country

33325 FLORIDA

Zip

Country

33325 FLORIDA

4. FEI Number

65-0416698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHIFF, LOUIS H
8142 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name
KONSTANTINOS PARISSOS
Street Address (P.O. Box Number is Not Acceptable)
13550 NW 6TH DRIVE
City
PLANTATION FL Zip Code
33325

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/18/01
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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARISSOS, KONSTANTINOS	
STREET ADDRESS	13550 NW 6TH DR	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARISSOS, SONIA	
STREET ADDRESS	13550 NW 6TH DR	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<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	
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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KONSTANTINOS PARISSOS

Date

4/18/01 9:54

Daytime Phone #

CR2E034 (10/00)