

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90002 028 ***150.00

DOCUMENT # P94000013467
 1. Entity Name
MEDITERRANEAN CEMENT CORP., INC.

Principal Place of Business 1215 PIZARRO STREET CORAL GABLES FL 33134-2423	Mailing Address 1215 PIZARRO STREET CORAL GABLES FL 33134-2423
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 177 OCEAN LANE DR.	3. Mailing Address 177 OCEAN LANE DR.
Suite, Apt. #, etc. 1202	Suite, Apt. #, etc. 1202
City & State KEY BISCAVNE, FL	City & State KEY BISCAVNE, FL.
Zip 33149	Country

4. FEI Number 65-0468292	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
XENODAKIS, MICHEL
~~1215 PIZARRO STREET~~
~~CORAL GABLES FL 33134-2428~~

7. Name and Address of New Registered Agent
 Name **XENODAKIS, MICHEL**
 Street Address (P.O. Box Number is Not Acceptable)
177 OCEAN LANE DRIVE #1202
 City **KEY BISCAVNE** FL Zip Code **33149**

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]* V.P. *[Signature]* **MARCH 1st, 2000**
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, 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	SD XENODAKIS, MICHEL 177 OCEAN LANE DRIVE 31202 KEY BISCAVNE FL 33149-1428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANIKOS, MEMOS POST OFFICE BOX 104-45 N/A CORAL GABLES FL 33134-2423 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TENINAS, MENELAS POST OFFICE BOX 117-41 ATHENS GREECE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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]* **MARCH 01, 2000** **(305) 365-1179**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #