

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90020 024 ***150.00

UBR CONT-70 4-7

DOCUMENT # P94000013467

1. Entity Name
MEDITERRANEAN CEMENT CORP., INC.

Principal Place of Business 177 OCEAN LANE DR 1202 KEY BISCAIYNE FL 33149	Mailing Address 177 OCEAN LANE DR 1202 KEY BISCAIYNE FL 33149
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0468292**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

XENODAKIS, MICHEL
177 OCEAN LANE DRIVE # 1202
KEY BISCAIYNE FL 33149

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 _____ (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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	XENODAKIS, MICHEL	177 OCEAN LANE DRIVE 31202	KEY BISCAIYNE FL 33149-1428	<input type="checkbox"/>	<input type="checkbox"/>
PD	KANIKOS, MEMOS	POST OFFICE BOX 104-45 N/A	CORAL GABLES FL 33134-2423	<input type="checkbox"/>	<input type="checkbox"/>
VD	TENINAS, MENELAS	POST OFFICE BOX 117-41	ATHENS GREECE	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my address, with all other like empowered.

SIGNATURE: *Michel Xenodakis* 1/31/02 305-365-4629
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)