

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90263 047 ***150.00

DOCUMENT # P94000057086

1. Entity Name
AVIDIS GLOBAL, INC.

Principal Place of Business **Mailing Address**
 2751 SOUTH OCEAN DRIVE, SUITE 1804 SOUTH 2751 SOUTH OCEAN DRIVE, SUITE 1804 SOUTH
 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0508967** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

A.G. VROCHIDIS
2751 SOUTH OCEAN DR
#1804 SO.
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 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 _____
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VROCHIDIS, ANASTAS G**
STREET ADDRESS **2751 SOUTH OCEAN DRIVE, SUITE 1804 SOUTH**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **ST** ☐ Delete
NAME **VROCHIDIS, CLEMENTINE**
STREET ADDRESS **2751 SOUTH OCEAN DR. # 1804 SO**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VP** ☐ Delete
NAME **VROCHIDIS, GEORGE**
STREET ADDRESS **2751 SOUTH OCEAN DR. #18045 SO.**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

A.G. VROCHIDIS
President **4/22/02** **(954) 923-0465**

CR2E034 (9/01)