

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092870

1. Entity Name
THE AGEAN GROUP, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90089 047 ***550.00

Principal Place of Business
**1 SOUTH OCEAN BLVD.
SUITE 300
BOCA RATON FL 33432-5144**

Mailing Address
**1 SOUTH OCEAN BLVD.
SUITE 300
BOCA RATON FL 33432-5144**

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 **65-0374755**

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

**CONTI, JOSEPH E
ONE SOUTH OCEAN BLVD
SUITE 300
BOCA RATON FL 33432**

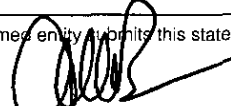
Name **ALBERT J. POLIAK**

Street Address (P.O. Box Number is Not Acceptable)
ONE SOUTH OCEAN BLVD.

SUITE 300

City **BOCA RATON, FL** Zip Code **33432**

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  **ALBERT POLIAK**

7-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONTI, JOSEPH	
STREET ADDRESS	6511 N.E. 20TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33064	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	GIULIANO, JOSEPH J	
STREET ADDRESS	2101 ATLANTIC SHORES BLVD. # 202	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PLOIAK, ALBERT	
STREET ADDRESS	3801 N.E. 27TH TERRACE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
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		

TITLE	BARBARA DESIDERIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4772 NW 7th Street	
STREET ADDRESS	Deerfield Beach, FL 33442	
CITY-ST-ZIP	SECRETARY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	POLIAK, ALBERT	<input checked="" 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:  **ALBERT POLIAK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)