

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90065 029 ***150.00

DOCUMENT # P95000005920

1. Entity Name
STUNI CORP.



Principal Place of Business
**4151 SW 131ST AVE
DAVIE FL 33330
US**

Mailing Address
**4151 SW 131ST AVE
DAVIE FL 33330
US**

11007272



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0563471**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHNEIDER, REUBEN M
2021 TYLER STREET
HOLLYWOOD FL 33020**

Name **PERRY MONIUDIS**
Street Address (P.O. Box Number is Not Acceptable)
315 S.E. 7TH STREET SEBASTIA
SECOND FLOOR
City **FORT LAUDERDALE** FL Zip Code **33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and fee, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

4/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KARACHALIAS, THEODORE**
STREET ADDRESS **4151 SW 131ST AVE**
CITY-ST-ZIP **DAVIE FL 33330**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **THEODOROS KARACHALIAS**
CITY-ST-ZIP **4151 SW 131ST AVE
DAVIE, FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **SOFIA KARACHALIAS**
CITY-ST-ZIP **4151 SW 131ST AVE
DAVIE, FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

PRESIDENT

THEODORE KARACHALIAS 4-17-03 954-370-1091

Date

Daytime Phone #

CR2E034 (10/02)