

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**  
 05-06-2000 90349 001 \*\*\*300.00

**DOCUMENT #** P95000041701

**1. Entity Name**  
 SUBIES NEPTUNE INC

**Principal Place of Business**      **Mailing Address**

410 E. HALLANDALE #201  
 HALLANDALE, FL 33009

12704

**2. Principal Place of Business**      **3. Mailing Address**  
 410 E. HALLANDALE BLVD      410 E. HALLANDALE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 SUITE 201      SUITE 201

DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**  
 HALLANDALE FL 33009      HALLANDALE FL  
**Zip**      **Country**      **Zip**      **Country**  
 33009      USA      33009      USA

**4. FEI Number**      **Applied For**  
 65-0616468      ☐ **Not Applicable**  
**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

KIKI BARTSOCAS  
 410 E. HALLANDALE #201  
 HALLANDALE FL  
 33009

**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**  KIKI BARTSOCAS      **DATE** 4-24-00

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DST	KIKI BARTSOCAS	410 E HALLANDALE #201	HALLANDALE FL 33009	<input type="checkbox"/>
DP	GUS BARTSOCAS	410 E. HALLANDALE #201	HALLANDALE FL 33009	<input type="checkbox"/>
DVP	PERRY BARTSOCAS	410 E. HALLANDALE #201	HALLANDALE FL 33009	<input type="checkbox"/>
DVP	JOHN BARTSOCAS	410 E. HALLANDALE #201	HALLANDALE FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 an address, with all other like empowered.**

**SIGNATURE:**  KIKI BARTSOCAS      **Date** 4/24/00      **Daytime Phone #** 954/563131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)