

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90150 032 ***150.00

DOCUMENT # P95000063858

1. Entity Name
HELLENIC INC. IMPORT-EXPORT

Principal Place of Business

**4717 PHOENIX AVE.
HOLIDAY FL 34690**

Mailing Address

**4717 PHOENIX AVE.
HOLIDAY FL 34690**

2. Principal Place of Business

1401 Poinsettia Avenue

Suite, Apt. #, etc.

3. Mailing Address

1401 Poinsettia Avenue

Suite, Apt. #, etc.

City & State

Tarpon Springs, Florida

Zip

34689

Country

Pinellas

City & State

Tarpon Springs, Florida

Zip

34689

Country

Pinellas

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAVOUKLIS, ELENI
4717 PHOENIX AVE.
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name

Eleni Kavouklis

Street Address (P.O. Box Number is Not Acceptable)

1401 Poinsettia Avenue

City

Tarpon Springs

FL

Zip Code

34689

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 **Eleni Kavouklis (Eleni Kavouklis - owner)** **2/9/02**
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 Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KAVOUKLIS, ELENI 4717 PHOENIX AVE. HOLIDAY FL 34690 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KAVOUKLIS, NIKITAS 4717 PHOENIX AVE. HOLIDAY FL 34690 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KAVOUKLIS, KATINA 4717 PHOENIX AVE. HOLIDAY FL 34690 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Kavouklis, Eleni 1401 Poinsettia Avenue Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Kavouklis, Nikitas 1401 Poinsettia Avenue Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Kavouklis, Katina 1401 Poinsettia Avenue Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Eleni Kavouklis (Eleni Kavouklis - owner)** **2/9/02** **938-5089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)