

**AMENDED**  
**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

00 JUL 13 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000091176**

1. Entity Name

**KAPPA TAU, INC.**

*R*

Principal Place of Business

Mailing Address

115 SE 2ND ST  
2ND FLOOR  
MIAMI FL 33131-3153

P.O. BOX 110239  
MIAMI FL 33111-0239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07/13/00 DO NOT WRITE IN THIS SPACE  
90058 001 306.25

4. FEI Number

65-0644361

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

DEMOS, ANGELO P ESQ.  
1101 BRICKELL AVE  
SUITE 1700  
MIAMI FL 33131

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PDAS CONSTANTINO, TOEDORO	115 SE 2ND ST 2ND FL	MIAMI FL 33131-3153	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VDAS CONSTANTINO, ALICIA	115 SE 2ND ST 2ND FL	MIAMI FL 33131-3153	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V CONSTANTINO, PANAYOTIS	115 SE 2ND ST 2ND FL	MIAMI FL 33131-3153	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VS GOVANTES, CARLOS	115 SE 2ND ST 2ND FL	MIAMI FL 33131-3153	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		V TZORTZAKIS, MARIA	115 SE 2ND ST 2ND FLOOR	MIAMI FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

RD. WILLIGAN JUL 25 2000

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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carlos Govantes* 6-8-00  
CARLOS GOVANTES

4-12-00 (305) 594-0450

7/20