

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90051 009 \*\*\*150.00

DOCUMENT # P95000091176

1. Entity Name

KAPPA TAU, INC.

Principal Place of Business

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

Mailing Address

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

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, 2001 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	PDAS	<input type="checkbox"/> Delete
NAME	CONSTANTINO, TOEDORO	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY-ST-ZIP	MIAMI FL 33131-3153	
TITLE	VDAS	<input type="checkbox"/> Delete
NAME	CONSTANTINO, ALICIA	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY-ST-ZIP	MIAMI FL 33131-3153	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GOVANTES, CARLOS	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY-ST-ZIP	MIAMI FL 33131-3153	
TITLE	V	<input type="checkbox"/> Delete
NAME	TZORTZAKIS, MARIA	
STREET ADDRESS	115 SE 2ND ST., 2ND	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constantino, Teodoro	
STREET ADDRESS	115 SE 2nd Street	
CITY-ST-ZIP	MIAMI, FL 33131-3153	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Govantes

4-4-01 (305) 594-0450

Date

Daytime Phone #

CR2E034 (10/00)