2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P95000091404 Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** HOMORI, INC. 02-04-2000 90063 034 ***150.00 Principal Place of Business Mailing Address 3317 W. HILLSBORO BLVD. 3317 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-9423 ୍ଅଞ୍ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0645920 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALEKOPOULOS. ALEXOPOULOS, KONSTANTINOS EKATERINI 5700 CAMINO DEL SOL #401 **BOCA RATON FL 33433** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete ALEXOPOULOS, EKATERINI NAME NAME STREET ADDRESS 5700 CAMINO DEL SOL #401 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-7IP Change ☐ Delete TITLE TITLE 1872 Marina Blvd #1425 0000 Raton, FL 33428-661 ALEXOPOULOS, KONSTANTINOS NAME 5700 CAMINO DEL SOL #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33433 CITY-ST-ZIP . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ź., CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pt Block 12 or 13 or 13