

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90219 028 ***150.00

0191224

DOCUMENT # P96000020335

1. Entity Name

TSIMOGIANNIS & TESTA, P.A.

Principal Place of Business

**6441 SW 21 ST
W MIAMI FL 33155
US**

Mailing Address

**6441 SW 21 ST
W MIAMI FL 33155
US**

766073

2. Principal Place of Business

770 PONCE DE LEON BLVD.

3. Mailing Address

770 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0648621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TSIMOGIANNIS, JOHNNY
6441 SW 21ST ST
WEST MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

JOHNNY TSIMOGIANNIS

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

770 PONCE DE LEON BLVD.

SUITE 210

City

CORAL GABLES

FL

Zip Code

33134

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]

JOHNNY TSIMOGIANNIS

4/6/2001

Signature, Title, and Address of Current 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	TSIMOGIANNIS, JOHNNY	
STREET ADDRESS	6441 SW 21ST ST	
CITY-ST-ZIP	WEST MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, JOSE	
STREET ADDRESS	750 ORIOLE AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TSIMOGIANNIS, OFELIA	
STREET ADDRESS	6441 SW 21ST ST	
CITY-ST-ZIP	W MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNNY TSIMOGIANNIS

4/6/2001

3054442445

Date

Daytime Phone #

CR2E034 (10/00)