## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000044799

FINNIX OF LIGHTHOUSE POINT, INC.

FILED Jan 26, 2000 8:00 am Secretary of State

Principal Place of Business			•	-	'	01-2	26-2000 9013	30 034 *	***150.00		
DEERFILD BEACH FL 3341  Z. Protopola Place of Suiness  Suite, Agr. 4, etc.  Suite, Agr. 4, et	Principal Plac	e of Business	Mailing Address		ī						
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City & State  City & State  City & State  City & State  Country  5. Cartificate of Status Desired  5. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Date  Title  Date  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Date  Title  Date										(8) HOI HOR	
Zip Country 5. Contricate of Status Desired						DO NOT WRITE IN THIS SPACE					
SOURE, STEVEN F 625 NR THRIPD AVE FIT LAUDENDALE FL 33304  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  8. The above named entity submits above named even reliable for agent agent and adects or one on the facility of Fiorida agent, or both, in the State of Fiorida.  9. This corporation is eligible to satisfy its Intenglible for adeality of Fiorida agent, or both, in the State of Fiorida.  10. Election Campaign Financing for the facility of Fiorida agent, or both, in the State of Fiorida.  11. OPICIENS AND DIRECTORS TILL NOW!!! FEE IS \$150.00 for Visite Production.  12. OPICIENS AND DIRECTORS TILL NOW.  13. STEPE ADDRESS TO OFFICERS AND DIRECTORS TILL NOW.  14. OPICIENS AND DIRECTORS TILL NOW.  15. OPICIENS AND DIRECTORS TILL NOW.  16. STEPE ADDRESS TO OFFICERS AND DIRECTORS TILL NOW.  16. STEPE ADDRESS TO OFFICERS AND DIRECTORS TILL NOW.  16. STEPE ADDRESS TILL NOW.  16. S	City & State		City & State		4. 1	4. FEI Number 65-0673565					
SOUNE, STEVEN F 625 NE THIRD AVE FT LAUDENDALE PL 33304  6. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangable Tax Riting requirement and elects to do so.   After MAY 1, 2000 Fee will be \$550.00 Make Check People to Department of State  11.	Zip	Country	Zip	Country	5. (	Certificate of	Status Desired				
SQUIRE, STEVEN F 625 NE THIRD AVE FT LAUDERDALE FL 33304  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangeble tax king requirement and electis to do so.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS  SIRET AUDRESS  SIRET AUDRESS  CITY 51-2P  TILE  MAKE SIRET AUDRESS  CITY 51-2P  TILE MAKE SIRET		6. Name and Address of Current	Registered Agent		7. 1	Name and Ac	dress of New F	legistere		<del>=</del> =	
625 NE THIRD AVE FT LAUDERDALE FL 33304    City				Name	<u>-</u>	<u> </u>					
R. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, bysed or printed name of registered difficience in the state of Florida.  SIGNATURE   Signature, bysed or printed name of registered difficience in the state of Florida.    Signature, bysed or printed name of registered difficience in the state of Florida.    Signature, bysed or printed name of registered difficience in the state of Florida.    Signature, bysed or printed name of registered difficience in the state of Florida.    Signature, bysed or printed name of registered agent and the floridation is eligible to satisfy its Intangible at Affect MAY 1, 2000 Fee will be \$55,0.00 May Be Added to Fees (State Office on back)   Signature, bysed or printed name of registered agent, or both, in the State of Florida.    Signature, bysed or printed name of registered difficience in the State of Florida.    Signature, bysed or printed name of registered difficience in the State of Florida.    Signature, bysed or printed name of registered difficience in the State of Florida.    Signature, bysed or printed name of registered agent, or both, in the State of Florida.    Signature, bysed or printed name of registered agent, or both, in the State of Florida.    Signature, bysed or printed name of registered agent, or both, in the State of Florida.    Signature, bysed or printed name of registered agent, or both, in the State of Florida.    Signature, bysed or printed name of registered agent, or both, in the State of Florida.    Signature, bysed or printed name of registered agent, or both, in the State of Florida.    Signature, bysed or printed name of registered agent, or both, in the State of Florida.   Signature, bysed or printed name of registered agent agent part and state.   Signature, bysed or printed name of registered agent part				Street Addi	Street Address (P.O. Box Number is Not Acceptable)						
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		pertify that the information supplied with	h this filing does not qualify for	_1	in Section	119.07(3)(i)	Florida Statutes	I further o	ertify 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:** 

Demetrios Xenakis