

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90302 008 ***150.00

DOCUMENT # P96000047334

1. Entity Name
THE GREEK TELEPHONE DIRECTORY, INC.

Principal Place of Business

**4289 N.W. 63RD PLACE
 BOCA RATON FL 33496**

Mailing Address

**P.O. BOX 559
 LAFAYETTE HILL PA 19444
 US**

2. Principal Place of Business

401 Merion Hill Lane

3. Mailing Address

15315 Magnolia Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

308

City & State

West Conshohocken, PA

City & State

Sherman Oaks, CA

4. FEI Number

65-0681779

Applied For

Not Applicable

Zip

19428

Country

USA

Zip

91403

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEINBERG, MICHAEL
 5028 MONTEREY LANE
 DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name **Paracorp Incorporated**

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

236 East 6th Ave.

City **Tallahassee**

FL

Zip Code

32303

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]

Barbara Geiger, Secretary

4/23/02

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!!! FEES \$150.00
 After May 1, 2002 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 checked="" type="checkbox"/> Delete
NAME	STEINBERG, MICHAEL	
STREET ADDRESS	4289 N.W. 63RD PLACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
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	President, Treasurer, Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLIN, STEPHEN	
STREET ADDRESS	15315 Magnolia Blvd, Ste. #308	
CITY-ST-ZIP	Sherman Oaks, CA 91403	
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] **STEPHEN TOLLIN**

4/22/02

(800) 473-3540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)