

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90162 038 ***150.00

DOCUMENT # P96000049360

1. Entity Name

JOHNNY TSIMOGIANNIS, CPA, P.A.



Principal Place of Business

770 PONCE DE LEON BLVD
SUITE 210
MIAMI FL 33134
US

Mailing Address

770 PONCE DE LEON BLVD
SUITE 210
MIAMI FL 33134
US

2. Principal Place of Business

999 Ponce de Leon Blvd

3. Mailing Address

999 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 601

Suite, Apt. #, etc.

Suite 601

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA

6. Name and Address of Current Registered Agent

TSIMOGIANNIS, JOHNNY

770 PONCE DE LEON BLVD

SUITE 210

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Johnny Tsimogiannis

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

999 Ponce de Leon Blvd

Suite 601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

NOTE: Registered agent signature required when reinstating.

DATE

1/24/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. 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		<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	999 Ponce de Leon Blvd Ste 601
CITY-ST-ZIP	Coral Gables FL 33134
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	

12. 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 10 or Block 11 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

1/24/2003

Date

305-442-1228

Daytime Phone #

CR2E034 (10/02)