

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061235

1. Entity Name

PARADISE GREEK AMERICAN DELI, INC.

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

05-16-2001 90375 049 ***150.00

Principal Place of Business

501 N PINELLAS AVE
TARPON SPRINGS FL 34689

Mailing Address

501 N PINELLAS AVE
TARPON SPRINGS FL 34689

80056851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3382279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLIER, JAMES H
4344 SANDDOLLAR CT
NEW PORT RICHEY FL 34652

Name

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

7421 Bent Oak Dr

City

Port Richey

FL

Zip Code 34668

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, 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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PSIHAS, PETER
STREET ADDRESS 501 N PINELLAS AVE
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Peter Psahas Peter Psahas

Date

Daytime Phone #

4-27-01 942-6053

CR2E034 (10/00)