

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 21, 2001 8:00 am
Secretary of State

04-24-2001 90313 049 ***150.00

DOCUMENT # P96000070302

1. Entity Name

STIMAGA, INC.

Principal Place of Business

Mailing Address

1776 W. BROWARD BLVD.
 FORT LAUDERDALE FL 33312

1776 W. BROWARD BLVD.
 FORT LAUDERDALE FL 33312

INACTIVE

2. Principal Place of Business

3. Mailing Address

1620 S OCEAN BLVD
 SUITE, APT. #, etc.
 14A

1620 S OCEAN BLVD
 SUITE, APT. #, etc.
 14A

City & State
 POMPANO BEACH FL

City & State
 POMPANO BEACH FL

Zip Country
 33062 USA

Zip Country
 33062 USA

4. FEI Number 65-0692904

Applied For

Not Applicable

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

ROYALE MANAGEMENT SERVICES INC
 2319 N ANDREWS AVE
 FT LAUDERDALE FL 33311

Name ROYALE ANTONARAS

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

1620 S OCEAN BLVD #14A
 City POMPANO BEACH FL Zip Code 33062

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05-07-01

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	<input type="checkbox"/> Delete
NAME	ANTONARAS, SOTIRIA R	
STREET ADDRESS	1620 S. OCEAN BLVD #14	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONARAS, JOHN	
STREET ADDRESS	1620 S OCEAN BLVD 14A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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	
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-01

Date

Daytime Phone #

CR2E034 (10/00)