

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080013

1. Entity Name

CHRISTINE DIMITROPOULOS, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90014 005 ***250.00

Principal Place of Business

9950 SHERIDAN ST #201
PEMBROKE PINES FL 33024

Mailing Address

9950 SHERIDAN ST #201
PEMBROKE PINES FL 33024

2. Principal Place of Business

125 N. 19 AVE. NO. 216

3. Mailing Address

125 N. 19 AVE

Suite, Apt. #, etc.

NO. 216

Suite, Apt. #, etc.

216

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

Zip

FL 33020

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0799543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIMITROPOULOS, CHRISTINE
9950 SHERIDAN ST #201
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name DIMITROPOULOS, CHRISTINE

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

125 N. 19 AVE. NO. 216

City HOLLYWOOD

FL

Zip Code 33020

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 CHRISTINE DIMITROPOULOS

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

(NOTE: Registered Agent signature required when reinstating)

9/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME DIMITROPOULOS, CHRISTINE
STREET ADDRESS 9950 SHERIDAN ST #201
CITY-ST-ZIP PEMBROKE PINES FL 33024

☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME DIMITROPOULOS, CHRISTINE
STREET ADDRESS 125 N. 19 AVE. NO. 216
CITY-ST-ZIP HOLLYWOOD, FL 33020

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: CHRISTINE DIMITROPOULOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00 (954) 9204393

Date

Daytime Phone #

CR2E034 (5/00)

9/10/00

Dear Sir/Madam:

I had a change of address and didn't receive the original application. I notified your offices and was told I would not be penalized and a new form would be sent to me.

This is the only form I received.

Therefore, I would ask that you please accept the 250 payment as I was promised.

Sincerely,
Christine
M. Mitchell