

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90221 014 ***150.00

DOCUMENT # **P98000063443**

1. Entity Name

Proud Hellenic Descendants, Inc

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

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **MARIA DANTELIS**
STREET ADDRESS **1298 HILLSIDE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FLA 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT**
NAME **JOHN N. DANTELIS**
STREET ADDRESS **104 HILLCREST DRIVE**
CITY-ST-ZIP **NALM HARBOR, FLA 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER**
NAME **EMMANUEL N. DANTELIS**
STREET ADDRESS **1298 HILLSIDE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FLA 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY**
NAME **ANGELINA SAROUKOS**
STREET ADDRESS **1888 HILLSIDE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FLA 34689**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Pantelis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 30, 02

Daytime Phone #

(727) 934-3661

CR2E034B (12/01)