

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079962

1. Entity Name

APOLLO PRODUCE COMPANY

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90135 001 ***150.00

Principal Place of Business

11635 NE 20TH DRIVE
NORTH MIAMI FL 33181

Mailing Address

11635 NE 20TH DRIVE
NORTH MIAMI FL 33181-3207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0864059

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

TSAKRIOS, NICHOLAS C
11635 NE 20TH DRIVE
NORTH MIAMI FL 33181

Name

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

City

FL

Zip Code

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO TSAKRIOS, NICHOLAS C 11635 NE 20TH DR N MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, ANDREW 11635 NE 20TH DR N MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAKRIOS-ROBINSON, KALLIOPE 11635 NE 20TH DR N MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAKRIOS, ARGYRO N 11635 NE 20TH DR N MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

N.C. Tsakrios
President

4/14/2000

305-892-9989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

JOHN A. HARALAMBIDES
CERTIFIED PUBLIC ACCOUNTANT

Coral Way at 3135 Southwest 3rd Avenue
Miami, Florida 33129

Telephone (305) 854-6732

TAXPAYER'S INSTRUCTIONS

#P9800007962
642711

DATE: 3/3 2000

TO Apollo Produce company

ENCLOSED herewith is your ☒ Annual ☐ Quarterly ☐ Monthly ☐

FEDERAL

- ☐ Individual Income Tax Return
☐ Declaration of Estimated Tax
☐ Corporation Income Tax Return
☐ Partnership Income Tax Return
☐ Fiduciary Income Tax Return
☐ Social Security Tax Return (941)
☐ Unemployment Tax Return (940)
☐

STATE

- ☐ Individual Income Tax Return
☐ Declaration of Estimated Tax
☐ Corporation Income Tax Return
☒ Annual Report
☐ Sales Tax Report
☐ Unemployment Tax Return
☐

OTHER

- ☐ City Return
☐ Township Return
☐ County Return
☐ Return
☐ Return

SIGNATURES Please see that the return is signed and dated where indicated by:

- ☐ You ☒ President ☐
☐ Your Wife ☐ Secretary ☐
☐ Your Partner ☐ Treasurer ☐

SPECIAL INSTRUCTIONS ☐ Attach W-2 Withholding Statement(s) ☐ Affix Corporate Seal ☐ Have it notarized
☐

AMOUNT ☐ No remittance is necessary
☐ Overpayment is being refunded
☐ Overpayment is being credited
to this year's estimated tax.

Remit by check or money order
as follows:
☒ In full
☐ In installments as indicated
☐

DATE DUE

ON OR BEFORE	MAKE REMITTANCE TO	MAIL TO	AMOUNT
April 1, 19			
April 15, 19			
June 15, 19			
Sept. 15, 19			
Jan. 15, 19			
March 15, 19			
April 15, 2000	Department of state	Envelope enclosed	150 00

MAIL - Mail original return with remittance before due date. Do not combine checks for various taxes, but use a separate check for each tax paid.
To avoid late filing penalties use plenty of postage (some authorities do not accept mail with postage due) and file or mail before due date.

☒ Mail First Class ☐ Special Delivery ☐ Certified Mail ☐ Return receipt requested ☐

This return has been prepared from information furnished and it is possible in the case of the Declaration of Estimated Tax that the financial position will change during the year. For this reason it is important to review your income status prior to quarterly due dates so that an amended estimate may be filed if required. Please advise us if this becomes necessary.