## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## FILED DOCUMENT # **P98000090688** May 09, 2000 8:00 am Secretary of State CONSTANNA AGENCY, INC. 05-09-2000 90053 011 \*\*\*150.00 Principal Place of Business Mailing Address 520 BRICKELL KEY #1606 STOL SW 73RD TERRACE MIAMI FL 33131-2614 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address 770/Jiscayne Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1130 Applied For City & State 4. FEI Number NOT APPLICABLE miami Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired usa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULGARIDES, PETER C Street Address (P.O. Box Number is Not Acceptable) 5101 SOUTHWEST 73RD TERRACE MIAMI FL 33143 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete NAME BULGARIDES, PETER C NAME 4770 Biscourse Polud. # 1130 miami FL 33317 STREET ADDRESS 5101 SOUTHWEST 73RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Delete TITLE **BULGARIDES, STRAVROS** NAME NAME STREET ADDRESS 5101 SOUTHWEST 73RD TERRACE STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE **BULGARIDES, CONSTANTINOS** NAME NAME 4770 Biscayne Blod #1130 STREET ADDRESS 5101 SOUTHWEST 73RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS 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

P.C. Bulgarides

E OF SIGNING OFFICER OR DIRECTOR