

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090688

1. Entity Name
CONSTANNA AGENCY, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90101 029 ***150.00

0194233

Principal Place of Business
**4770 BISCAYNE BLVD
STE 1130
MIAMI FL 33317
US**

Mailing Address
**520 BRICKELL KEY #1606
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

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

**BULGARIDES, PETER C
5101 SOUTHWEST 73RD TERRACE
MIAMI FL 33143**

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, 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 **PD** ☐ Delete
NAME **BULGARIDES, PETER C**
STREET ADDRESS **4770 BISCAYNE BLVD #1130**
CITY-ST-ZIP **MIAMI FL 33317**

TITLE ☐ Change ☒ Addition
NAME *Secretary*
STREET ADDRESS *Glenn G. Kolk*
CITY-ST-ZIP *520 Brickell Key #1606
Miami, FL 33131*

TITLE **D** ☐ Delete
NAME **BULGARIDES, STRAVROS**
STREET ADDRESS **4770 BISCAYNE BLVD #1130**
CITY-ST-ZIP **MIAMI FL 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BULGARIDES, CONSTANTINOS**
STREET ADDRESS **4770 BISCAYNE BLVD #1130**
CITY-ST-ZIP **MIAMI FL 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____

Glenn G. Kolk **Glenn G. Kolk, Sec** **Apr 25/01** **305 374-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)