

En Trouble
Florida Information Associates, Inc.
Requester Name
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Tallahassee, FL 32302-3144
City/State/Zip Phone #
(850) 878-0188

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CONSTANNA AGENCY INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

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☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
MAR 20 AM 11:07
TALLAHASSEE, FLORIDA

400005136634--8
-03/20/02--01001--019
*****70.00 *****35.00

Examiner's Initials

3/20/02

OFFICER RESIGNATION

I, Christine Bulgarides, hereby request that my late husband, Peter C. Bulgarides, be immediately removed as President and Director of CONSTANNA AGENCY, INC., a corporation organized under the laws of the State of Florida and affirm that the corporation has been notified in writing of the request that my husband be removed. In addition, I have attached a copy of a death certificate as evidence of the death of my husband.

FILED
MAR 20 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Bulgarides

Christine Bulgarides, authorized representative and
wife of the deceased President/Director

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

I HEREBY CERTIFY that on this day, before me, personally appeared Christine Bulgarides, who is well known to me to be the person described in and who executed this Resignation as authorized representative and wife of Peter C. Bulgarides, and acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me at the County and State last aforesaid this
12 day of February 2002.



[Signature]
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDATYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO.		1 DECEDENT'S NAME		FIRST	MIDDLE	LAST	2 SEX
		PETER C. BULGARIDES					MALE
3 DATE OF DEATH (Month, Day, Year)		4 SOCIAL SECURITY NUMBER		5a AGE-Last Birthday (years)		5b UNDER 1 YEAR	5c UNDER 1 Day
AUGUST 10, 2001		594-13-4637		72		Months	Days
6 DATE OF BIRTH (Month, Day, Year)		7 BIRTHPLACE (City and State or Foreign Country)		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)		9b INSIDE CITY LIMITS? (Yes or No)	
SEPTEMBER 28, 1928		GREECE		NO		YES	
9a PLACE OF DEATH (Check only one - see instructions on other side)		9c FACILITY NAME (If not institution, give street and number)		9d CITY, TOWN, OR LOCATION OF DEATH		9e COUNTY OF DEATH	
HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		CEDARS MEDICAL CENTER		MIAMI		MIAMI DADE	
10a DECEDENT'S USUAL OCCUPATION		10b KIND OF BUSINESS/INDUSTRY		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12 SURVIVING SPOUSE (If wife, give maiden name)	
MECHANICAL ENGINEER		CRUISE LINE		MARRIED		CHRISTINA BERMAN	
13a RESIDENCE - STATE		13b COUNTY		13c CITY, TOWN, OR LOCATION		13d STREET AND NUMBER	
FLORIDA		MIAMI DADE		MIAMI		5110 S.W. 73rd. TERRACE	
13e INSIDE CITY LIMITS? (Yes or No)		13f ZIP CODE		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)		15 RACE - American Indian, Black, White, etc. (Specify)	
NO		33143		Specify		WHITE	
16 DECEDENT'S EDUCATION (Specify only highest grade completed)		17 FATHER'S NAME (First, Middle, Last)		18 MOTHER'S NAME (First, Middle, Maiden Surname)		19a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
Elementary/Secondary (0-12) College (13-16) 4		CONSTANTINOS BULGARIDES		PENELOPE GOUNARAKIS		7255 S.W. 54th. AVENUE MIAMI, FLORIDA 33144	
19b INFORMANT'S NAME (Type/Print)		19c PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c LOCATION - City or Town, State			
ANNA MARIA BULGARIDES		ALLEN & SHAW CREMATIONS, INC.		OPA LOCKA, FLORIDA			
20a METHOD OF DISPOSITION		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c LOCATION - City or Town, State			
Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUB		21b LICENSE NUMBER (of Licensee)		21c NAME AND ADDRESS OF FACILITY	
		[Signature]		#1093		AHERN PLUMMER FUNERAL HOME 6001 BIRD ROAD MIAMI, FLORIDA 33155	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)		22b DATE SIGNED (Mo., Day, Yr.)		22c HOUR OF DEATH		22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
[Signature]		AUGUST 13, 2001		11:45 A.M.		DR. COHEN M.D. 1321 N.W. 14th. STREET #207 MIAMI, FLORIDA 33125	
22e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a SUBREGISTRAR - SIGNATURE AND DATE		23b LOCAL REGISTRAR - SIGNATURE		23c DATE REGISTERED	
		[Signature] 8/13/01		[Signature]		AUG 16 2001	
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)		25a SUBREGISTRAR - SIGNATURE AND DATE		25b LOCAL REGISTRAR - SIGNATURE		25c DATE REGISTERED	
DR. COHEN M.D. 1321 N.W. 14th. STREET #207 MIAMI, FLORIDA 33125		[Signature] 8/13/01		[Signature]		AUG 16 2001	
26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		26a IMMEDIATE CAUSE (Final disease or condition resulting in death)		26b APPROXIMATE INTERVAL Between Onset and Death			
		CARDIAC ARREST, ASYSTOLE		6 hours			
26c SEQUENTIALLY LIST CONDITIONS, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		26d APPROXIMATE INTERVAL Between Onset and Death		26e APPROXIMATE INTERVAL Between Onset and Death			
		ADULT RESPIRATORY DISTRESS SYNDROME		3 WK			
		PNEUMONIA		3 WK			
		MYELODYSPLASTIC SYNDROME		2 mon			
27 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		27a WAS AN AUTOPSY PERFORMED? (Yes or No)		27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)		27c CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)	
ATHEROSCLEROTIC CORONARY ARTERY		NO		YES		YES	
28 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO		28a IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED		28b DATE OF SURGERY (Mo., Day, Year)			
29 PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		30a DATE OF INJURY (Month, Day, Year)		30b TIME OF INJURY		30c INJURY AT WORK? (Yes or No)	
30d PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		30e LOCATION (Street and Number or Rural Route Number, City or Town, State)		30f DESCRIBE HOW INJURY OCCURRED			

DH 512, 9/96
(Replaces HRS
Form 512)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Maurice Darden

AUG 16 2001
State Registrar

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

12511665

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH