

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

192

DOCUMENT # **P98000106742**

1. Entity Name

**THE BRISTOL ASSOCIATES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**19411 NE 19th CT**

Suite, Apt. #, etc.

3. Mailing Address

**19411 NE 19th CT**

Suite, Apt. #, etc.

City & State

**North Miami Beach, FL**

Zip

**33179**

Country

**U.S.A.**

City & State

**North Miami Beach, FL**

Zip

**33179**

Country

**U.S.A.**

4. FEI Number

**65-0884183**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**THEODORE TAPAZIS**

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

**19400 NE 19th AVE**

City

**North Miami Beach, FL**

FL

Zip Code

**33179**

**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.

**MAKE NO CHANGE**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**PO**

**TAPAZIS, SABINA**

**19411 NE 19th CT**

**North Miami Beach, FL 33179**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**700005763447--2**

**-06/12/02--01065--001**

**\*\*\*\*\*150.00 \*\*\*\*\*150.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VT**

**TAPAZIS, THEODORE**

**19400 NE 19th AVE**

**North Miami Beach, FL 33179**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SABINA P. TAPAZIS**

**4-2-02**

Date

**305.782.2012**

Daytime Phone #

CR2E034B (12/01)

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Sascha Topouzis  
19411 NE 19<sup>th</sup> CT  
North Miami Beach, FL 33179

May 16, 2002

Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314  
RE: Ref No.:P98000106742

State Controller,

I am writing this letter to you in return to a letter I received yesterday from your office. Please see attached letter #002a00028617.

I had sent in a copy of my last filing due to not receiving the 2002 UBR. I had called but could not get through so I went ahead and filed. This morning I spoke with Ula in your office and she had looked up my account and in fact it was mailed to an old PO Box which I have not used for almost two years and this letter was returned. Therefore I didn't receive the first mailing. She instructed me to download a new form, which I have enclosed see attached.

Please accept this updated UBR and payment for my renewal. I appologize for any inconvenience. However I did send the form and payment on time. Please reaccept the check in the amount of 150.00 No.:1072 to renew my status.

Thank you in advance. Should you have any questions I can be reached at 305.987.7012, or 305.523.3623.

Thank you,

  
Sascha Topouzis