

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90027 046 ***150.00

DOCUMENT # P99000007930

1. Entity Name

LUDLAM ROAD SUBS, INC.

Principal Place of Business

**996 SW 67 AVE
 MIAMI FL 33144**

Mailing Address

**3109 NORTHEAST 58TH STREET
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0898027

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROCHA, JOSE
 784 NE 70ST
 MIAMI FL 33138**

Name **KARAVOKIRIS - DIMITRIS**

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

3109 N.E. 58 STREET

FORT LAUDERDALE FL 33308

City

State

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 (Applicable)

DIMITRI KARAVOKIRIS

(NOTE: Registered Agent signature required when for stating)

MAY 17/01

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KARAVOKIRIS, DIMITRIS	
STREET ADDRESS	3109 NORTHEAST 58TH STREET	
CITY- ST- ZIP	FORT LAUDERDALE FL 33308	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	ROCHA, JOSE	
STREET ADDRESS	784 NE 70 ST	
CITY- ST- ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAVOKIRIS, DIMITRIS	
STREET ADDRESS	3109 N.E. 58 STR.	
CITY- ST- ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARAVOKIRIS, DIMITRIS

5/22/01

Date

Telephone #

954 5920676

CR2E034 (10/00)