

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022593

1. Entity Name

GREEK SPECIALTIES, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90090 039 \*\*\*150.00

Principal Place of Business

Mailing Address

9824 85TH WAY  
LARGO FL 33777

9824 85TH WAY  
LARGO FL 33777-1928

2. Principal Place of Business

3. Mailing Address

2701 4th St. N.  
Suite, Apt. #, etc.

2701 4th St. N.  
Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL  
Zip 33704 Country Pinellas

St. Petersburg FL  
Zip 33704 Country Pinellas

4. FEI Number

59-3563799

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

GEORGE G. PAPPAS, P.A.  
901 N HERCULES AVE, SUITE D  
CLEARWATER FL 33765

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, 2000 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 D ☐ Delete  
NAME TSANGARIS, ALEX  
STREET ADDRESS 4372 67TH AVE N  
CITY-ST-ZIP PINELLAS PARK FL 33777

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

TITLE D ☐ Delete  
NAME TSANGARIS, JOHN R  
STREET ADDRESS 9824 85TH WAY  
CITY-ST-ZIP LARGO FL 33777

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

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Tsangaris

X 2-16-00

Date

Daytime Phone #

CR2E034 (9/99)