

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90069 020 ***150.00

DOCUMENT # P99000022953

1. Entity Name

AFRODITE, INC.

Principal Place of Business

Mailing Address

11715 NW 4TH STREET
 COCONUT CREEK FL 33073

4343 NORTHWEST 54TH STREET
 COCONUT CREEK FL 33073-4049

2. Principal Place of Business

11715 NW 4TH COURT
 Suite, Apt. #, etc.

3. Mailing Address

11715 NW 4TH COURT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State BOCA RATON FL		City & State BOCA RATON, FL.		4. FEI Number 65-0901944	Applied For Not Applicable
Zip 33432	Country U.S.	Zip 33432	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name NICHOLAS PILAVAKIS Street Address (P.O. Box Number is Not Acceptable) 11715 NW 4TH COURT City BOCA RATON FL Zip Code 33432		
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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: **V.P.** DATE: **4/27/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD CAROS, AFRODITE 4343 NORTHWEST 54TH STREET COCONUT CREEK FL 33073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLAS X. PILAVAKIS 11715 NW 4TH COURT BOCA RATON, FL. 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PILAVAKIS, 4343 NORTHWEST 54TH STREET COCONUT CREEK FL 33073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **4/27/00** DAYTIME PHONE #: **954-757-4002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)