2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 18, 2003 8:00 am Secretary of State

1. Entity Nam	ne	# P99000049 stries, INC.	496	/			02-18-2003 90	0114 012 *	**150).00
Principal Piace of Business 814 SOUTH WEST 27 AVENUE SUISE 204 MIAMI, FL 33135			Mailing Address 2700 SW 8TH ST MIAMI, FL 33135							
2. Principal Place of Business			3. Malling Address							
Suite, Apt.	. F, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F				plicable
Zip	Zip Country		Zip Cour		5. Certificate of Status		Pertificate of Status Desired	S8.75 Additional Foo Required		
	nd Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name						
GEORGUSSIS, HRISTOS C 1631 SOUTH WEST 11TH STREET MIAMI, FL 33135					Street Address (P.O. Box Number is Not Acceptable)					
101D-1011, 1 E 4										
					City			FL Zip	Code	
	named entity : tions of register		or the purpose of changing its	s registen	ed office or registe	red age	ent, or both, in the State of Florida.	l am familiar v	vith, and	accept
SIGNATURE	Signature, typed or	primaci sama of angiztanti agan	and tids if applicable. (NO	IE: Reykuns	id Ageni zignetinė stipės	d when re	instanting)	DATE		
Arta Viaka/chiech	FILESTONII Aby Zoo Fayadejo	FEES VACOU Security Security ROSE CONTRACTOR	af State			•	Election Campaign Financir Trust Fund Contribution.		5.00 M	
10.		OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-2P	P GEORGUS: 1631 S.W. MIAMI, FL		□ Dekrie		- 1			☐ Che	ge L	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	VP GEORGUS: 1631 S.W. 1	ITH ST	□ Delene	9		ï		Che	ige [Addition
-title	1711-471, 12		Delete Delete	-101					nge E	Addition -
NAME STREET ADDRESS CITY-ST-ZP					E ET ADDRESS -ST-ZIP					
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAM STIE	E R ET ADDRESS			Che	ids _	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P			☐ Delete	TIBU NAM STRE	E Et address			Cheu	ge [Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X)). Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receipt or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNAT	UKE:	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	OR DIREC	TOR	<u>u//</u>	0.00	Deytime Ato	1/\	<u> </u>