

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 16, 2000 8:00 am
Secretary of State
 04-18-2000 90186 049 ***150.00

DOCUMENT # P99000091129

1. Entity Name

COSMOTRADE GROUP, INC.

Principal Place of Business

Mailing Address

1900 S. OCEAN BLVD.
 UNIT 12N
 POMPANO BEACH FL 33062

1900 S. OCEAN BLVD.
 UNIT 12N
 POMPANO BEACH FL 33062-8020

2. Principal Place of Business

4750 N. DIXIE HWY

3. Mailing Address

4750 N. DIXIE HWY

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

5

City & State

OAKLAND PARK

City & State

OAKLAND PARK

Zip

33334

Country

Zip

33334

Country

4. FEI Number

65-0954537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

TITLE **PTD** ☐ Delete
 NAME **MAKRIS, NICKOLAS D**
 STREET ADDRESS **1900 S. OCEAN BLVD.**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VSD** ☐ Delete
 NAME **GERGAKOPOULOS, PANOS**
 STREET ADDRESS **1900 S. OCEAN BLVD.**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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

NICKOLAS MAKRIS

Date

954 267 9898