

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMEND

FILED 09-30-2002 90180 043 ***61.25
P99000091163
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P 99000091163**

1. Entity Name

ANTIGONI FILLIPPAKI, INC.

02 OCT -3 PM 12:01

DO NOT WRITE IN THIS SPACE

678508

2. Principal Place of Business

6 SOUNDERSTRAIL CIR

3. Mailing Address

6 SOUNDERSTRAIL CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BCH, FL

City & State

ORMOND BCH, FL

Zip

32174

Country

VOLUSIA

Zip

32174

Country

VOLUSIA

4. FEI Number

59-3601404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MELISSA RUBECK

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

6 SOUNDERSTRAIL CIRCLE

City

ORMOND BCH,

FL

Zip Code

32174

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IN THIS SPACE**

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.

MELISSA RUBECK

9-27-02

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT/OWNER
MELISSA RUBECK
6 SOUNDERSTRAIL CIRCLE
ORMOND BCH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELISSA RUBECK

9-27-02 386-226-1203

Date

DeVine Phone #

CR2E034B (12/01)