

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90311 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S18020

1. Entity Name
TIFANA, INC.



Principal Place of Business
828 WEST OAKLAND PARK BLVD.
WILTON MANORS, FL 33311

Mailing Address
828 WEST OAKLAND PARK BLVD.
WILTON MANORS, FL 33311

20037319



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0255534

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONTINO, JOSEPH
% S.B. FRANKFORD & ASSOCIATES, INC.
130 S. UNIVERSITY AVE.
PLANTATION, FL 33324

Name
Bill Alexopoulos

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

828 W. Oakland Park Blvd

City
Wilton Manors

FL

Zip Code
33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bill Alexopoulos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXOPOULOS, BILL	
STREET ADDRESS	190 S. BEL AIR DRIVE	
CITY-STATE-ZIP	PLANTATION, FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALEXOPOULOS, LANA V.	
STREET ADDRESS	190 S. BEL AIR DRIVE	
CITY-STATE-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexopoulos, Bill	
STREET ADDRESS	828 W Oakland Park Blvd	
CITY-STATE-ZIP	Wilton Manors, FL 33311	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexopoulos, LANA V	
STREET ADDRESS	828 W. Oakland Park Blvd	
CITY-STATE-ZIP	Wilton Manors, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Alexopoulos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

954 938-9400

Daytime Phone #

CR2E034 (10/02)