

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40819

1. Entity Name  
DEDALOS CONSULTANTS INC.

Principal Place of Business  
1800 SW 27TH AVENUE  
SUITE 203  
MIAMI FL 33145

Mailing Address  
1800 SW 27TH AVENUE  
SUITE 203  
MIAMI FL 33145

2. Principal Place of Business  
1800 SW 27 AVENUE  
Suite, Apt. #, etc.  
203

3. Mailing Address  
1800 SW 27 Av  
Suite, Apt. #, etc.  
Suite 203

City & State  
MIAMI, FL

City & State  
MIAMI FL

Zip  
33145

Country  
U.S.A.

Zip  
33145

Country  
U.S.A.

4. FEI Number 65-0255646

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required SP

## 6. Name and Address of Current Registered Agent

MAVRIDIS, VASSILIOS  
239 SW 29TH RD  
MIAMI FL 33129

## 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MAVRIDIS, VASSILIOS	239 SW 29 ROAD	MIAMI FL 33129	<input type="checkbox"/>
VP	MAVRIDIS, CONSUELO P.	239 SW 29 ROAD	MIAMI FL 33129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/30/00

Date

(305) 461-1792

Daytime Phone #

FILED

00 OCT 19 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E034 (5/00)