

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90348 046 ***163.75

0609982

DOCUMENT # S47855

1. Entity Name

GO WEST CORPORATION

Principal Place of Business

**C/O A. ALEXIOU
38 KM LAGONISSI
ATHENS GR 19010
GR**

Mailing Address

**38 KM LAGONISSI
ATHENS GR 19010
GR****753055**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O A. ALEXIOU

3. Mailing Address

38 Km LAGONISSI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

38 Km LAGONISSI

City & State

ATHENS

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

ATHENS GREECE 19010

Country

Zip

19010

Country

GREECE

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AURELIUS, JOHN E.
4367 N FEDERAL HWY
FT LAUDERDALE FL 33308**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	AURELIUS, JOHN E.	
STREET ADDRESS	4367 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXIOU, ANASTASSIOS	
STREET ADDRESS	38 KM LAGONISSI	
CITY-ST-ZIP	ATHENS GR	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **ANASTASSIOS ALEXIOU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01130 944 308894

CR2E034 (10/00)