## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S47855

**Entity Name: GO WEST CORPORATION** 

FILED Aug 29, 2002 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

C/O A. ALEXIOV A.ALEXIOU

38 KM LAGONISSI 9 VISSARIONOS STR. ATHENS, GR 19013 GR ATHENS, GR 10672 GF

Current Mailing Address: New Mailing Address:

38 KN LAGONISSI 9 VISSARIONOS STR

ATHENS, GR 19013 GR ALEXIOU ATHENS, GR 10672 GR

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AURELIUS, JOHN E. 4367 N FEDERAL HWY

FT LAUDERDALE, FL 33308 US

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:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 AURELIUS, JOHN E.,
 Name:
 ALEXIOU, ALEXIOS A S DIREC

 Address:
 4367 N FEDERAL HWY
 Address:
 9 VISSARIONOS STR

City-St-Zip: FT LAUDERDALE, FL City-St-Zip: ATHENS GREECE, GR 10672 GR

Title: P (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ALEXIOU, ANASTASSIOS
 Name:

 Address:
 38 KM LAGONISSI
 Address:

 City-St-Zip:
 ATHENS, GR
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIOS ALEXIOU D 08/29/2002