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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60546 (6)

1. Corporation Name

SUBIES 103RD, INC.

Principal Place of Business

7400 103RD ST
JACKSONVILLE FL 32210
US

Mailing Address

413 PONCIANA DR.
HALLANDALE FL 33009-6537

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/14/1991
3a. Date of Last Report 03/31/1994

4. FBI Number 65-0274370
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTSOCAS, KIKI
1451 W CYPRESS CREEK RD #300
FT LAUDERDALE FL 33009-6537

81 Name BARTSOCAS KIKI
82 Street Address (P.O. Box Number is Not Acceptable) 3600 W. COMMERCIAL BLVD
83 SUITE 214
84 City F.T. LAUDERDALE FL 85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

KIK BARTSOCAS

4/20/95
DATE

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

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST
NAME BARTSOCAS, KIKI
STREET ADDRESS 413 PONCIANA DR.
CITY- ST- ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DP
NAME BARTSOCAS, GUS
STREET ADDRESS 413 PONCIANA DR.
CITY- ST- ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VD
NAME BARTSOCAS, PERRY
STREET ADDRESS 413 PONCIANA DR.
CITY- ST- ZIP HALLANDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE DVP
NAME CANELLES, JIM
STREET ADDRESS 8384 BAYMEADOWS RD #11B
CITY- ST- ZIP JACKSONVILLE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME CANELLES, JIM
4.3 STREET ADDRESS (Delete)
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

KIK BARTSOCAS

4/20/95 (305) 485-5110
DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Phone #