

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V01575**1. Entity Name  
ATHINEOS, INC.

Principal Place of Business	Mailing Address
3999 SHERIDAN ST	3999 SHERIDAN ST
HOLLYWOOD FL	HOLLYWOOD FL

2. Principal Place of Business	3. Mailing Address
3999 SHERIDAN ST	3999 SHERIDAN ST

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
HOLLYWOOD FL	HOLLYWOOD FL

Zip	Country	Zip	Country
33021		33021	

4. FEI Number	Applied For
65-0304380	Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ATHINEOS CLEO  
1060 NW 185 AVE  
  
PEMBROKE PINES FL  
33029

**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 \_\_\_\_\_ DATE **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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	ATHINEOS EVANGELOS	
STREET ADDRESS	1060 NW 185TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATHINEOS CLEO	
STREET ADDRESS	1060 NW 185TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** CLEO ATHINEOS

SD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)