

3-25-2002
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90033 022 ***158.75

DOCUMENT # V01575

1. Entity Name

ATHINEOS, INC

DO NOT WRITE IN THIS SPACE

B0058579

2. Principal Place of Business

1060 N.W. 185 Ave

3. Mailing Address

1060 N.W. 185 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-0304380

Applied For

Not Applicable

Zip

Country

33029 U.S.A.

Zip

Country

33029 U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ATHINEOS CLEO

Street Address (P.O. Box Number is Not Acceptable)
1060 N.W. 185th Ave

City Pembroke Pines FL Zip Code 33029

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 use 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
ATHINEOS, CLEO (S/D)
STREET ADDRESS
1060 N.W. 185 Ave
CITY - ST - ZIP
Pembroke Pines, FL 33029

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
ATHINEOS, EVANGELOS
STREET ADDRESS
1060 N.W. 185 Ave
CITY - ST - ZIP
Pembroke Pines, FL 33029

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEO ATHINEOS / S-D

Date

Daytime Phone #

3/25/2002 954-430-1258

CR2E034B (12/01)