



Companies House

— for the record —

Company Name

**ARACHNE GREEK CYPRIOT
WOMEN'S GROUP**

Company Type

**Private Company Limited By
Guarantee Exempt Under Sect 30**

Company Number

3753032

Information extracted from
Companies House records on
23rd March 2002

700258

A470

3

2

363s Annual Return

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals.



A59
COMPANIES HOUSE

0227
18/04/02

Section 1: Company details

Ref: 3753032/15/42

	Current details	Amended details																		
> Registered Office Address <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Sterling House 2B Fulbourne Road London E17 4EE	Address <u>STERLING HOUSE</u> <u>FULBOURNE ROAD</u> <u>LONDON</u> UK Postcode <u>E17 4EE</u>																		
> Register of Members <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Address where the Register is held At Registered Office	Address _____ _____ _____ UK Postcode _____																		
> Register of Debenture Holders <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Not Applicable	Address _____ _____ _____ UK Postcode _____																		
> Principal Business Activities <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<table border="1"> <thead> <tr> <th>SIC Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>9305</td> <td>Other service activities</td> </tr> </tbody> </table>	SIC Code	Description	9305	Other service activities	<table border="1"> <thead> <tr> <th>SIC CODE</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	SIC CODE	Description	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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> Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.																				

	Current details	Amended details
> Company Secretary <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Company Secretary must be notified on form 288.</i>	Name Christella SAVVA Address 40 Framfield Road London N5 1UU	Name Address UK Postcode _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Christella SAVVA ceased to be secretary (if applicable) _ _ / _ _ / _ _ _ _
> Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i>	Name Helen CYLWIK Address 120 Hanover Road London NW10 3DP Date of birth 17/10/1955 Nationality British Occupation Voluntary Sector Worker	Name MARIA GEORGOULAS Address 93 PACKINGTON SQUARE LONDON UK Postcode N1 1 7UA Date of birth 16/05/1954 Nationality GREEK Occupation HOUSEWIFE Date of change 03/04/2002 Date Helen CYLWIK ceased to be director (if applicable) 03/04/2002
> Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i>	Name Kiriakovla Sophie PAPAMICHAEL Address 45 Woodland Gardens London N10 3UE Date of birth 03/09/1954 Nationality British Occupation Social Worker	Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _ _ _ _ _ Occupation _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Kiriakovla Sophie PAPAMICHAEL ceased to be director (if applicable) _ _ / _ _ / _ _ _ _

> Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

Current details

Name
Christella SAVVA

Address
40 Framfield Road
London
N5 1UU

Date of birth 13/09/1960

Nationality British

Occupation Housewife

Amended details

Name

Address

UK Postcode _ _ _ _ _

Date of birth _ _ / _ _ / _ _ _ _

Nationality _____

Occupation _____

Date of change _ _ / _ _ / _ _ _ _

Date Christella SAVVA ceased to be director (if applicable)

_ _ / _ _ / _ _ _ _



Companies House

— for the record —

363s Annual Return Declaration

- > When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

1. Declaration

- ☒ I confirm that the details in this annual return are correct as at the made-up-date (shown at 2 below). I enclose the filing fee of £15.

Signature X _____
(Director / Secretary)

Date 06 / 04 / 02

This date must not be earlier than the return date at 2 below

What to do now

Complete this page then send the whole of the Annual Return and the declaration to the address shown at 4 below.

2. Date of this return

- ☐ This AR is made up to **15/4/2002** If you are making this return up to an earlier date, please give the date here

__ / __ / ____

Note: The form must be delivered to CH within 28 days of this date

3. Date of next return

- ☐ If you wish to change your next return to a date earlier than **15th April 2003** please give the new date here:

__ / __ / ____

4. Where to send this form

- ☐ Please return this form to:
Registrar of Companies
Companies House
Crown Way
Cardiff CF14 3UZ
- OR
- For members of the Hays Document
Exchange service
DX 33050 Cardiff

Have you enclosed the filing fee with the company number written on the reverse of the cheque?

Cheque ☐ Postal Order ☐ Cheque / Postal Order
Number _____

(Please complete as appropriate)

Contact Address

Please give the name and address of the person who should be contacted if there are any queries about this form.

Contact Name

Telephone number *inc code*

Address

DX number *if applicable*

DX exchange

Postcode