

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

0087753

DOCUMENT # F00000001947

1. Entity Name

EUROPEAN ADOPTION CONSULTANTS, INCORPORATED

02-05-2001 90084 036 ****61.25

Principal Place of Business

Mailing Address

9800 BOSTON ROAD
 NORTH ROYALTON OH 44133

9800 BOSTON ROAD
 NORTH ROYALTON OH 44133

710965



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1718583

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, VICTOR
4010 GALT OCEAN DRIVE, OCEAN SUMMITT 509
FORT LAUDERDALE FL 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
P
COLE, MARGARET A TRUSTEE
 STREET ADDRESS **9800 BOSTON ROAD**
 CITY-ST-ZIP **NORTH ROYALTON OH 44133**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
ST
COLE, LUCILE TRUSTEE
 STREET ADDRESS **9800 BOSTON ROAD**
 CITY-ST-ZIP **NORTH ROYALTON, OH 44133**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
TRUS
COLE, VICTOR
 STREET ADDRESS **4010 GALT OCEAN DRIVE, OCEAN SUMMIT 509**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
ST
LISA NESPECA
 STREET ADDRESS **3722 Sutherland Rd.**
 CITY-ST-ZIP **Shaker Hts., OHio 44122**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)