

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90037 011 ****61.25

DOCUMENT # F00000001947

1. Entity Name

EUROPEAN ADOPTION CONSULTANTS, INCORPORATED

Principal Place of Business

Mailing Address

**9800 BOSTON ROAD
 NORTH ROYALTON OH 44133**

**9800 BOSTON ROAD
 NORTH ROYALTON OH 44133**

977035

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
 STREET ADDRESS **NESPECA, LISA**
 CITY-ST-ZIP **3722 SUTHERLAND RD
 BEACHWOOD OH 44122**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: *Margaret A. Cole* **MARGARET A. COLE, TRUSTEE** 8/20/2002 (407) 237-3554

CR2E037 (4/02)