

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90139 005 ***150.00

DOCUMENT # F02000005453

1. Entity Name
EUROBUNGNYC, INC.



Principal Place of Business
**262 FRANKLIN ST., APT 4R
BROOKLYN NY 11222**

Mailing Address
**7905 SANIBEL DR
TAMARAC FL 33321**



2. Principal Place of Business
12801 W. SUNRISE BLVD.

3. Mailing Address
3470 PINEWALK DR. N.

Suite, Apt. #, etc.
"New IDEAS COURT"

Suite, Apt. #, etc.
733

City & State
SUNRISE FL

City & State
MARGATE FL

4. FEI Number
22-3845723

Applied For
 Not Applicable

Zip
33323

Country
U.S.A.

Zip
33063

Country
U.S.A.

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COOMBS, DANIEL
7905 SANIBEL DR.
TAMARAC FL 33321**

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

SIGNATURE **BRIGHAM D. COOMBS** SECRETARY 01.16.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP VERBECK-TERRICK, LYNN-ANNE 262 FRANKLIN ST., APT 4R BROOKLYN NY 11222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TERRIER, LOUI A 262 FRANKLIN ST., APT 4R BROOKLYN NY 11222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOMBS, BRIGHAM DANIEL 7905 SANIBEL DR TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KECK, ANTHONY E 750 GRAND ST #3A BROKLYN NY 11211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 equipment.

SIGNATURE: **BRIGHAM D. COOMBS** 01.16.03 (646)320-1502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)