

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90154 025 ***150.00

DOCUMENT # L72213

1. Entity Name
EURO-COACHWORKS, INC.

Principal Place of Business 812 NW 57TH ST FT. LAUDERDALE FL 33309 US	Mailing Address 812 NW 57TH ST FT. LAUDERDALE FL 33309 US
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00039526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4766 NE 11th Avenue	3. Mailing Address 4766 NE 11th Avenue
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Suite, Apt. #, etc.

City & State Oakland Park, FL 3	City & State Oakland Park, FL
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4. FEI Number 65-0195251	Applied For <input type="checkbox"/> Not Applicable
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Zip 33334-3908	Country Broward	Zip 33334-3908	Country Broward
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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

**WILLIAMS, CHARLES V CPA
 99 NE 17 COURT
 FT LAUDERDALE FL 33305**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAIRO, ORLANDO 113 ROYAL PARK DR., 1-C OAKLAND PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIRO, DANIEL 113 ROYAL PARK DR., 1-C OAKLAND PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Orlando Cairo* * 4/14/01 * 954 778272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)