

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91003 023 \*\*\*\*55.00

DOCUMENT # L97000000009

1. Entity Name

EUROINSIGHT, L.C. ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

125 ROCKINGHAM RD.

3. Mailing Address

125 ROCKINGHAM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JUPITER FLORIDA

City & State

JUPITER, FLORIDA

4. FEI Number

65-0716690

Applied For

Not Applicable

Zip

FL 33458

Country

USA

Zip

FL 33458

Country

USA.

5. Certificate of Status Desired



\$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: ROBERT W. FEDERSPIEL, PA, LAW OFFICES

Street Address (P.O. Box Number is Not Acceptable)

151 N.W. FIRST AVENUE  
DELRAY BEACH

City: DELRAY BEACH FL Zip Code: 33444

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

A.S. OPRESCU

April 02, 2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: PRESIDENT, MGRM  
NAME: ALEX S. OPRESCU  
STREET ADDRESS: 125 ROCKINGHAM RD.  
CITY-ST-ZIP: JUPITER, FL 33458

TITLE: MGRM  
NAME: GUNTHER GRAF  
STREET ADDRESS: 125 ROCKINGHAM RD  
CITY-ST-ZIP: JUPITER, FL 33458

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
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TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

A.S. OPRESCU

April 02, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)