FILED 2002 UNIFORM BUSINESS REPORT (UBR) P01000002930 **DOCUMENT #**

Jul 22, 2002 8:00 am Secretary of State

EUCLID G	BRANDE, INC.				7	07-22-2002 90157 020 ***550.00
Principal Place of Business 2999 NE 191 ST. #404 AVENTURA FL 33160			Mailing Address 2999 NE 191 ST. #404 AVENTURA FL 33180			
2. Principal Place of Business			3. Mailing Address 18671 Collins Ave			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State			ty & State		-L 4. 5	Applied For Not Applicable
Zip	Country	· - Zi	3160	Country U.S.A	i	Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Co	urrent Registe	red Agent	Name	7. 1	lame and Address of New Registered Agent
HARARI, F	PHILIPPE				thii	ox Number is Not Acceptable)
~2999 NE 191 ST, #404 AVENTURA FL 33180				184	J1 C	ollins Ave #1401
				City John Tsles Beach FL 33160		
8. The above the obligat	named entity supplies this stater ions of registers are a supplied to the state of	Phili	ppe Harar	, ;	stered A	ent, or both, in the State of Florida. I am familiar with, and accept The State of Florida. I am familiar with, and accept The State of Florida. I am familiar with, and accept The State of Florida. I am familiar with, and accept The State of Florida. I am familiar with, and accept
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 \$550.00 After September 13, 2002 Fee will be \$750. Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS	S AND DIRECT		12.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HARARI, PHILIPPE 2999 NE 191 ST, #404 AVENTURA FL 33180		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phil 1867 Such	ippe Harari I collins Ave#1401 V Isles Beach FL 33160
TITLE NAME STREET ADDRESS CITY::ST::ZIP.			☐ Celete	TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 100	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Bis (1997)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 a other like empowered.

SIGNATURE:

HARAR.