

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90091 017 ***150.00

DOCUMENT # P94000081424
 1. Entity Name
EURO-ASIAN BLADES, INC.

Principal Place of Business: **723 BELVEDERE RD WEST PALM BEACH FL 33415**
 Mailing Address: **716 BELVEDERE RD. WEST PALM BEACH FL 33415**

2. Principal Place of Business / 3. Mailing Address
 Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **65-0535373**
 Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHOE, YOUNG IK
2775 PONTE CIR.
WEST PALM BEACH FL 33413

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.
 SIGNATURE: *[Signature]* **4-26-02**
Signature (Typed or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)
 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.	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DPS CHOE, YOUNG IK 2775 PONTE CIR. WEST PALM BEACH FL 33413	<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 info empowered.
 SIGNATURE: *[Signature]* **4-26-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE