2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P96000100191** May 16, 2000 8:00 am 1. Entity Name Secretary of State US - EURO - TRADE, INC. 05-16-2000 90181 002 ***150.00 Principal Place of Business Mailing Address 41 N. FORT HARRISONA AVE. 41 N. FORT HARRISONA AVE. CLEARWATER FL 33755-4016 CLEARWATER FL 34615 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-3438367 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired... Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BONNER, HEIKO Street Address (P.O. Box Number is Not Acceptable) 41 N. FT HARRISON AVE. CLEARWATER FL 34615 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE KARASCH, THOMAS NAME STREET ADDRESS STREET ADDRESS PORSCHE STEET 3 CITY-ST-ZIP CITY-ST-ZIP 97424 SCHWEINFURT GE TITLE ☐ Change ☐ Addition ☐ Delete **BONNER, HEIKO** NAME NAME 41 N. FT. HARRISON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other like empowered.