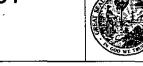
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P96000100191 DOCUMENT #

1. Entity Name US - EURO - TRADE, INC.

SIGNATURE:



FILED Apr 09, 2003 8:00 am \$ Secretary of State

04-09-2003 90134 002 ***150.00

Principal Place of Bus 346 HAMDEN DR CLEARWATER FL 3376		Mailing Address 346 HAMDEN DR CLEARWATER FL 3376	7						
2. Principal Place of Business		3. Mailing Address					BIT BOSII BOIDS ISDI	A (0)81 1/01 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number 59-3438367	├ ─	Applied For Not Applicable	
Zip	Country	Zip Cou		ntry		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 Name					
KARASCH, THOMAS				INGHE					
346 HAMDEN DR				Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 33767									
				City			Zip Co	,de	
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	typed or printed name of registered agent a	and title if applicable. (N	NOTE: Registere	ed Agent signat	ure required w	then reinstating) DA			
After May 1, Make Check Payab	WIII FEE IS \$150.00 2003 Fee will be \$550.00 e to Florida Department of					Election Campaign Financing Trust Fund Contribution.	Adde	00 May Be ed to Fees	
10. P	OFFICERS AND	DIRECTORS Delete	11.		VP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change		
NAME KARAS STREET ADDRESS 346 HA	CH, THOMAS IMDEN DR WATER FL 33767	Delete	NAN STRI	ie Eet address '-st-zip	Marg 346	arete Kavasch Handen Orive water FL 33767	[_] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E			☐ Change	Addition	
TITLE NAME	المناجع والمراجع المراجع المرا	☐ Delete	TITL NAM				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	E EET ADDRESS - ST- ZIP			☐ Change	Addition	
12. I hereby certify that indicated on this rule of the corporation changed, or on an	It the information supplied with eport or supplemental report is or the receiver or trustee emp attachment with an address	this filing does not qualify true and accurate and that the area to execute this report, this all other like empowere	for the exe at my signa ort as requi ed.	mption stat ture shall h red by Cha	ed in Sect ave the sa pter 607, f	ion 119.07(3)(i), Florida Statutes. I further me legal effect as if made under oath; tha Florida Statutes; and that my name appea	certify that the it I am an office rs in Block 10 o	information or or director or Block 11 if	