

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

0346236 AV

DOCUMENT # **P98000051205**

1. Entity Name  
**UNITED EUROPEAN ENGINEERING, INC.**



FILED

04 FEB 26 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**9 SW 13TH STREET  
FORT LAUDERDALE FL 33315**

Mailing Address  
**9 SW 13TH STREET  
FORT LAUDERDALE FL 33315**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

**REINSTATEMENT 03-04**

4. FEI Number  
**65-0843066**

Applied For  
Not Applicable

Country Zip Country

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

**JOHNSON, SEAN  
9 SW 13TH STREET  
FORT LAUDERDALE FL 33315**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**PVD HARCEVIC, ENES  
2175 ST RD 84  
FORT LAUDERDALE FL 33312**  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition  
**400029410744  
02/25/04--01070--031 \*\*\$500.00**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ENES HARCEVIC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/21/03 954 709 1485**  
Date Daytime Phone #

CR2E034 (10/02)