

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90189 050 \*\*\*150.00

**DOCUMENT # P99000064164**

1. Entity Name  
**EUROPE INVESTOR DIRECT.COM, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>4255 ROUTE 9, SUITE D<br>FREEHOLD NJ 07728 | Mailing Address<br>4255 ROUTE 9, SUITE D<br>FREEHOLD NJ 07728-8306 |
|---|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>703 Lucerne Ave</b><br>Suite, Apt. #, etc.<br><b>#201</b><br>City & State<br><b>Lake Worth, FL</b><br>Zip<br><b>33460</b> Country<br><b>USA</b> | 3. Mailing Address<br><b>703 Lucerne Ave</b><br>Suite, Apt. #, etc.<br><b>#201</b><br>City & State<br><b>Lake Worth, FL</b><br>Zip<br><b>33460</b> Country<br><b>USA</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 4. FEI Number<br><b>22-3701896</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS   |  |
|--|--|
| TITLE<br>D <input checked="" type="checkbox"/> Delete              | NAME<br><b>ANSLOW, RICHARD I</b>           |
| STREET ADDRESS<br><b>4255 ROUTE 9, SUITE D</b>                     | CITY-ST-ZIP<br><b>FREEHOLD NJ 07728</b>    |
| TITLE<br><b>Director / OFFICER</b> <input type="checkbox"/> Delete | NAME<br><b>Sharone Perlstein</b>           |
| STREET ADDRESS<br><b>703 Lucerne #201</b>                          | CITY-ST-ZIP<br><b>Lake Worth, FL 33460</b> |
| TITLE<br><b>Director / Officer</b> <input type="checkbox"/> Delete | NAME<br><b>William H. Luckman</b>          |
| STREET ADDRESS<br><b>703 Lucerne #201</b>                          | CITY-ST-ZIP<br><b>Lake Worth, FL 33460</b> |
| TITLE <input type="checkbox"/> Delete                              | NAME                                       |
| STREET ADDRESS   | CITY-ST-ZIP                                |
| TITLE <input type="checkbox"/> Delete                              | NAME                                       |
| STREET ADDRESS   | CITY-ST-ZIP                                |
| TITLE <input type="checkbox"/> Delete                              | NAME                                       |
| STREET ADDRESS   | CITY-ST-ZIP                                |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                   |             |
|---|-------------|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |

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 like empowered.

SIGNATURE: William H. Luckman **REQUIRED** Date: 2/28/2000 Daytime Phone #: 561-540-5286

CR2E034 (9/99)