

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90052 001 ***300.00

DOCUMENT # P99000074491

1. Entity Name

EUROPEONSALE.COM, INC.

Principal Place of Business

6555 NW 9TH AVENUE, STE. 207
FORT LAUDERDALE FL 33309

Mailing Address

6555 NW 9TH AVENUE, STE. 207
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0942412

Applied For

Not Applicable

Zip

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

ZACHILLI, MICHAEL

6555 NW 9TH AVENUE, STE. 207
FORT LAUDERDALE FL 33309

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, typed or printed name of registered agent and title if applicable.

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS THORBJORNSSON, BO-LENNART
CITY-ST-ZIP 6555 NW 9TH AVENUE, STE. 207
FORT LAUDERDALE FL 33309TITLE ☐ Delete
NAME D
STREET ADDRESS BRAMMER, LEIF
CITY-ST-ZIP 6555 NW 9TH AVENUE, STE. 207
FORT LAUDERDALE FL 33309TITLE ☐ Delete
NAME D
STREET ADDRESS WINTER, TORBEN
CITY-ST-ZIP 6555 NW 9TH AVENUE, STE. 207
FORT LAUDERDALE FL 33309TITLE ☐ Delete
NAME P
STREET ADDRESS ZACCHILLI, MICHAEL L
CITY-ST-ZIP 28850 RAINDANCE LN
BOCA RATON FL 33428TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)