

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33986

1. Entity Name

EUROPEAN INVESTMENTS INC.

Principal Place of Business

444 BRICKELL AVE.
SUITE 51-246
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE.
SUITE 51-246
MIAMI FL 33131

2. Principal Place of Business

444 Brickell Ave.

3. Mailing Address

444 Brickell Ave.

Suite, Apt. #, etc.

Plaza 51-246

Suite, Apt. #, etc.

Plaza 51-246

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

6. Name and Address of Current Registered Agent

IBC FIDUCIARY INC.
100 S.E. 2ND STREET
STE. 2315
MIAMI FL 33131

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

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, 2001 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: AST
NAME: MEDINA, D
STREET ADDRESS: 444 BRICKELL AVENUE #51-246
CITY-ST-ZIP: MIAMI FL 33131 ☐ Delete

TITLE: VP
NAME: LOFDAL, R.
STREET ADDRESS: KARLSGATAN 3
CITY-ST-ZIP: HELSINGBORG, SWEDEN ☐ Delete

TITLE: S
NAME: SMEJDA, L.
STREET ADDRESS: 444 BRICKELL AVE #51-246
CITY-ST-ZIP: MIAMI FL ☐ Delete

TITLE: DP
NAME: HENLEY, J.
STREET ADDRESS: 444 BRICKELL AVE #51-246
CITY-ST-ZIP: MIAMI FL ☐ Delete

TITLE: ~~DVP~~
NAME: ~~HENNING, U.~~
STREET ADDRESS: ~~444 BRICKELL AVE, #51-246~~
CITY-ST-ZIP: ~~MIAMI FL~~ ☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

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:

J. Henley

J. Henley

04/17/01

Date

(305) 358-4441

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)