

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27399**

1. Entity Name
10235 W. SAMPLE ROAD LTD.

FILED

02 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**% GERALD W. GRITTER
100 NORTHEAST THIRD AVE., SUITE 1100
FT. LAUDERDALE FL 33301**

Mailing Address
**16 NORTHEAST 4TH STREET, #110
FORT LAUDERDALE FL 33301**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-2422156** Applied For
Not Applicable

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

~~EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVENUE
SUITE 1100
FT. LAUDERDALE FL 33301~~

Name **Euro Management Inc.**
Street Address (P.O. Box Number (Not Acceptable)) **16 NE 4th Street # 110**
City **Fort Lauderdale** FL **33301**

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 *H. Kreyer* **H. Kreyer (President)** DATE **1-18-02**

9. Capital Contributions as Shown on record. **\$1,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000041990**
NAME **DANCU HOLDING, INC.**
STREET ADDRESS **16 NE 4TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

STREET ADDRESS
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STREET ADDRESS **600004834246--7**
-01/29/02--01065--002
CITY-ST-ZIP *****535.00 ***535.00**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *H. Kreyer* **SIGNATURE REQUIRED** *Robert Kreyer* Jan. 18-02 954-779-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)