

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90005 031 ***158.75

DOCUMENT # L33986

1. Entity Name
EUROPEAN INVESTMENTS INC.

Principal Place of Business

444 BRICKELL AVE.
SUTIE 51-246
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE.
SUTIE 51-246
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 BRICKELL AVENUE

3. Mailing Address

444 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

51-246

#51-246

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

33131

US

Zip

Country

33131

US

4. FEI Number

65-0173129

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AST** ☒ Delete
NAME **MEDINA, D**
STREET ADDRESS **444 BRICKELL AVENUE #51-246**
CITY-ST-ZIP **MIAMI FL 33131**

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **SMEJDA, L.**
CITY-ST-ZIP **444 BRICKELL AVENUE, #51-246**
MIAMI, FL 33131

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

TITLE ☒ Change ☐ Addition
NAME **D-P**
STREET ADDRESS **HENLEY, J.**
CITY-ST-ZIP **444 BRICKELL AVENUE, #51-246**
MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

J. Henley **J. HENLEY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

(305) 358-4441

Date

Daytime Phone #

CR2E034 (9/01)