## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # 554611 1. Entity Name EVERYTHING EUROPEAN, INC. 04-28-2000 90056 036 \*\*\*150.00 Principal Place of Business Mailing Address 240 S W 12 AVE 240 S W 12 AVE POMPANO BCH FL 33069 POMPANO BCH FL 33069-3210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State ---4. FEI Number 59-1770963° Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GENEROTT, E J, ESQ Street Address (P.O. Box Number is Not Acceptable) 4120 S W 1ST COURT **PLANTATION FL 33317** 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. : DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Change Addition TITI F TITLE □ Delete MAME NAME **NESGODA**, STEVEN STREET ADDRESS STREET ADDRESS 240 N ANDREWS AVE EXT CITY-ST-ZIE CITY-ST-ZIP POMPANO BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 119.07(3)(i) lorida Statutes. I further certify that the information

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Seindicated on this report or supplemental report is true and accurate and that my signature shall have the seindicated on the receiver or trustee empowered to execute this report as required by Chapter 607 of as if made under oath; that I am an officer or director es; 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

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