

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681180

1. Entity Name

EUROPEAN CENTER, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90001 035 ***150.00

Principal Place of Business Mailing Address
2532 INDIANTOWN ROAD 2532 INDIANTOWN ROAD
JUPITER FL 33458-6038 JUPITER FL 33458-3978
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-2150507 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
FRIEDLAND, KIRK
501 S. FLAGLER DR.
SUITE 505, FLAGLER CENTER
W. PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP
PSD JONKER, RUDOLF R. 2532 INDIANTOWN ROAD JUPITER FL
VD JONKER, ANTONIA 2532 INDIANTOWN ROAD JUPITER FL
S JONKER, MAURICE R. 2532 W INDIANTOWN RD JUPITER FL
T JONKER, NATASJA E. 2532 W INDIANTOWN RD JUPITER FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
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:

Signature and typed or printed name of signing officer or director

1-6-00 561-747-4528
Date Daytime Phone #