

# 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

DUE BY MAY 1, 2002

4. FEI Number

59-2422156

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Zip **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)**

1-18-02

Signature, typed or printed name of registered agent and title if applicable

DATE

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

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600004834246--7**  
**-01/29/02--01065--002**  
**\*\*\*535.00 \*\*\*535.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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* **H. Kreyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Jan. 18-02 954-779-7187**

CR2E003 (9/01)