2000 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # F31158** EUROPA METAL FABRICATORS, INC. 04-10-2000 90040 024 ***150.00 Mailing Address Principal Place of Business 6510 W ROGERS CIR 6510 W. ROGERS CIR **BOCA RATON FL 33487-2705 BOCA RATON FL 33487** AUU35377 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2091802 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUCHERT, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 6510 W ROGERS CIR **BOCA RATON FL 33487** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition ☐ Delete TITI F TITLE BUCHERT, RENATE M NAME NAME STREET ADDRESS 2124 NW 60TH CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 00000 ☐ Change Addition TITLE ☐ Delete TITLE BUCHERT, RICHARD H NAME NAME STREET ADDRESS STREET ADDRESS 2124 NW 60TH CIR CITY-ST-ZIP---CITY-ST-ZIP **BOCA RATON, FL 00000** Change Addition ☐ Delete TITLE TITLE **BUCHERT, CHARLES R** NAME NAME STREET ADDRESS STREET ADDRESS 6797 BARBAROSSA ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4-4-2000 561-994-6672

BUCHERT