2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

US

6510 W ROGERS CIR

BOCA RATON FL 33487

UNIFORM BUSINESS REPORT (UBR) F31158 DOCUMENT # 1. Entity Name

EUROPA METAL FABRICATORS, INC.

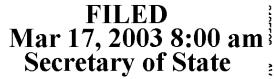
Principal Place of Business

2. Principal Place of Business

6510 W. ROGERS CIR

BOCA RATON FL 33487

Suite, Apt. #, etc.



03-17-2003 90095 042 ***150.00



City & State		City & State		4. FEI Number - 10011000	Applied For
City & State		J., 2 3.4.		4. FEI Number 59-2091802	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	
6.	Name and Address of Current I	Registered Agent		7. Name and Address of New Reg	istered Agent
			Name		
BUCHERT, RIC 6510 W ROGE BOCA RATON	RS CIR		Street Address	(P.O. Box Number is Not Acceptable)	
			City		FL Zip Code
the obligations	ed entity submits this statement for of registered agent. Ture, typed or printed name of registered agent a		registered office or regist	ered agent, or both, in the State of Florid red when reinstating)	da. I am familiar with, and accept
After Ma	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 yable to Florida Department of	State		9. Election Campaign Fina Trust Fund Contribution.	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITLE TITLE BUCHERT, RENATE M NAME NAME 2124 NW 60TH CIR STREET ADDRESS STREET ADDRESS **BOCA RATON FL.** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE DP TITLE BUCHERT, RICHARD H NAME STREET ADDRESS 2124 NW 60TH CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL., ☐ Change Addition TITLE ☐ Delete TITLE **BUCHERT, CHARLES R** NAME STREET ADDRESS 19715 BOCA GREENS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NATEM BUCHERT 3-10-03

Addition