

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003201

1. Entity Name

EFS FINANCE CO., INC.

Principal Place of Business

19 CITE' BETTENWIES
L-8479 EICHEN
GRAND-DUCHE' DE LUXEMBOURG

Mailing Address

C/O JOSEPHSON & COMPANY
25 W. 45TH STREET, SUITE 1203
NEW YORK NY 10036-4902
US

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

13-3810081

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTCD
MEYER, JEAN
RUE DU VILLAGE 43, L-7416 BROUCH
LUXEMBOURG, EUROPE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VCDV
MEYER, CLAUDE
RUE DU LINGENTHAL 3, B-6700 WALTZING
BELGIUM, EUROPE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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CITY- ST- ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
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NAME
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CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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:

DIRECTOR & VICE CHAIRMAN

04/19/00

(352) 397525-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

LUX. EUROPE