

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90251 005 ***150.00

DOCUMENT # H99316

1. Entity Name
EUROPLAN, INC.



Principal Place of Business
% THOMAS BAUR
100 N BISCAYNE BLVD. -21ST FLR.
MIAMI FL 33132

Mailing Address
% THOMAS BAUR
100 N BISCAYNE BLVD. -21ST FLR.
MIAMI FL 33132



2. Principal Place of Business

10 REAL FLORIDA REALTY
Suite, Apt. #, etc.
1508 SE 3 AVE

3. Mailing Address

1508 SE 3 AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
59-2652287

Applied For
☐ Not Applicable

Zip
33316

Country
USA

Zip
33316

Country
USA

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

6. Name and Address of Current Registered Agent

BAUR, THOMAS
21ST FLOOR NEW WORLD TOWER
100 N BISCAYNE BLVD.
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
REAL FLORIDA REALTY, INC.
Street Address (P.O. Box Number Is Not Acceptable)
1508 SE 3 AVE
City
FORT LAUDERDALE FL Zip Code
33316

8. The above named entity, submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **B. LAMBRECHTS, PRES.**

B. Lambrechts

4.11.03

*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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
SDP
NAME
GOTT, GUENTHER
STREET ADDRESS
100 N BISCAYNE BV 21ST F
CITY-ST-ZIP
MIAMI FL 33132

TITLE
☐ Delete

TITLE
☐ Delete

TITLE
☐ Delete

TITLE
☐ Delete

TITLE
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
SDP
NAME
GOTT, GUENTHER
STREET ADDRESS
1508 SE 3 AVE
CITY-ST-ZIP
FORT LAUDERDALE, FL 33316

TITLE
☐ Change ☐ Addition

TITLE
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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.

SIGNATURE: **X GUENTHER GOTT, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)