

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90159 033 \*\*\*150.00

**DOCUMENT # J09902**

1. Entity Name  
**EUROPROP CORPORATION**

Principal Place of Business  
**7301-A W PALMETTO PARK RD**  
**STE 305C**  
**BOCA RATON FL 33433**

Mailing Address  
**7301-A W PALMETTO PARK RD**  
**STE 305C**  
**BOCA RATON FL 33433**

B0139617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2792538**

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

**SCIARRETTA, EDMUND C**  
**7301-A WEST PALMETTO PARK RD., SUITE 305C**  
**BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **RONNING, JENS P**  
 STREET ADDRESS **7301-A WEST PALMETTO PARK RD., SUITE 305C**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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.

SIGNATURE:

**SIGNATURE REQUIRED**

*July 8th 2002*

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*

**SCIARRETTA & MANNINO**  
A PARTNERSHIP OF PROFESSIONALS ASSOCIATIONS  
ATTORNEYS AT LAW  
SUITE 305C  
7301-A WEST PALMETTO PARK ROAD  
BOCA RATON, FLORIDA 33433  
[smatc@gate.net](mailto:smatc@gate.net)

*509902*

EDMUND C. SCIARRETTA  
JOSEPH MANNINO

TELEPHONE (561) 338-9900  
BROWARD (954) 429-1333  
FACSIMILE (561) 338-5432

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September 16, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: *Europrop Corporation***  
***FEI: 59-279-2538***

Dear Sir/Madam:

Enclosed please find 2002 Uniform Business Report and check number 8305 payable to Department of State in the amount of \$150.00 representing the original filing fee. Please be advised that I never received a prior notice to file the 2002 Uniform Business Report and am, therefore, requesting that any late fees be waived.

Thank you for your anticipated cooperation in this matter.

Very truly yours

SCIARRETTA & MANNINO

*Edmund C. Sciarretta*  
Edmund C. Sciarretta

ECS/er  
Enclosures