

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K30163

1. Entity Name

M. & G. EUROCLASSICS FLA., INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90177 042 \*\*\*150.00

Principal Place of Business

Mailing Address

12890 STARKEY RD #1  
LARGO FL 34643

12890 STARKEY RD #1  
UNIT 1  
LARGO FL 33771-4847  
US

00004JJJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7200 Ulmerton Rd

3. Mailing Address

7200 Ulmerton Rd

Suite, Apt. #, etc.

- 5-D

Suite, Apt. #, etc.

- 5-D

City & State

Largo

City & State

Largo

4. FEI Number

59-2909865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEUNE, MANFRED  
12890 STARKEY RD.  
UNIT 1  
LARGO FL 34643

7. Name and Address of New Registered Agent

Name Keune Manfred

Street Address (P.O. Box Number is Not Acceptable)

7200 Ulmerton Rd

# 5 d

City

Largo

FL

Zip Code

33771

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 Manfred Keune

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-12-2000

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST ☒ Delete  
NAME KEUNE, MANFRED  
STREET ADDRESS 12890 STARKEY DR., UNIT 1  
CITY-ST-ZIP LARGO FL

TITLE D ☒ Delete  
NAME KEUNE, MANFRED  
STREET ADDRESS 12890 STARKEY RD., UNIT 1  
CITY-ST-ZIP LARGO FL

TITLE D ☐ Delete  
NAME Lou Hardee  
STREET ADDRESS P.O. Box 47523  
CITY-ST-ZIP St Petersburg, FL 33743-7523

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition  
NAME Manfred Keune  
STREET ADDRESS 7200 Ulmerton Rd #5d  
CITY-ST-ZIP Largo/Flo. 33771

TITLE D ☒ Change ☐ Addition  
NAME Manfred Keune  
STREET ADDRESS 7200 Ulmerton Rd #5d  
CITY-ST-ZIP Largo/Flo. 33771

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Manfred Keune 04/12/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lou Hardee

Lou HARDEE

04/12/2000

Daytime Phone #

CR2E034 (9/99)