

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010810

1. Entity Name
EURODEV, LLC

Principal Place of Business

601 N.E. 16TH TERRACE
FORT LAUDERDALE FL 33301

Mailing Address

601 N.E. 16TH TERRACE
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33304

Country

Zip

33304

Country

4. FEI Number

65-104-0849

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL ESQ.
BEDZOW, KORN, BROWN, MILLER & ZEMEL, P.A.
20803 BISCAYNE BOULEVARD, SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name RICHARD SCHWARTZ
Street Address (P.O. Box Number is Not Acceptable)
1775 S. OCEAN BLVD.
City DELRAY BEACH FL Zip Code 33483

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

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

Richard M. Schwartz
(NOTE: Registered Agent signature required when reinstating)

1/19/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS LEPINE, RENE
CITY-ST-ZIP 104 S.E. 8TH AVENUE
FORT LAUDERDALE FL 33304 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 300 SW 2ND ST
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003582388-1
CITY-ST-ZIP -01/26/01--01136--024

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JAN 22 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)