

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90594 003 ****50.00

DOCUMENT # L01000Q01853

1. Entity Name

EUROMEGALITH, LLC.

Principal Place of Business

**2005 SAGINAW CT.
OLDSMAR FL 32467**

Mailing Address

**2005 SAGINAW CT.
OLDSMAR FL 32467**

90520

2. Principal Place of Business

3. Mailing Address

2005 SAGINAW CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2005 SAGINAW CT. OLDSMAR FL

City & State

City & State

OLDSMAR FL

Zip

Country

Zip

Country

34677**34677**

4. FEI Number

52-22988 14

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ESTIME, GILBERT
17454 SW 79 COURT
MIAMI FL 33157~~

Name

SANDOR MENYHART

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

2005 SAGINAW CT

City

OLDSMAR

FL

Zip Code

34677

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 **SANDOR MENYHART**

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

(NOTE: Registered Agent signature required when reinstating)

02/14/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
 NAME **SANDOR MENYHART**
 STREET ADDRESS **2005 SAGINAW CT.**
 CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE ☐ Change ☐ Addition
 NAME **NOT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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)(l), 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 606, Florida Statutes.

SIGNATURE: **SANDOR MENYHART**

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

02/14/02 727/742-5277

Date

Daytime Phone #

CR2E083 (9/01)