

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013290

1. Entity Name
EURO GLOBAL INVESTMENTS, LLC

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90194 029 ****50.00

Principal Place of Business

762 HADDONSTONE CIRCLE
HEATHROW FL 32746

Mailing Address

762 HADDONSTONE CIRCLE
HEATHROW FL 32746

2. Principal Place of Business

4669 W. 1st RD BRONSON HWY

3. Mailing Address

4669 W 1st RD BRONSON HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE

City & State

KISSIMMEE

4. FEI Number

59-3737858

Applied For

Not Applicable

Zip

FL

Country

34746

Zip

FL

Country

34746

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

YUSUFALI, HUSSEINALI S
762 HADDONSTONE CIRCLE
HEATHROW FL 32746

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGRM
HUSSEINALI YUSUFALI
762 HADDONSTONE CIR #202
HEATHROW FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGRM
GULAM VIRJEE
762 HADDONSTONE CIR #202
HEATHROW FL 32746

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

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

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

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

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: MUSTAFA YUSUFALI **SIGNATURE REQUIRED**

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

9/20/02
Date

407 396 1890
Daytime Phone #

CR2E083 (4/02)