

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90095 048 ****50.00

DOCUMENT # L01000013290

1. Entity Name

EURO GLOBAL INVESTMENTS, LLC



Principal Place of Business

**4669 W IRLO BRONSON HWY
KISSIMMEE FL 34746**

Mailing Address

**4669 W IRLO BRONSON HWY
KISSIMMEE FL 34746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3737858**

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

**YUSUFALI, HUSSEINALI S
762 HADDONSTONE CIRCLE
HEATHROW FL 32746**

Name

HUSSEINALI S YUSUFALI

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

1202 FOX QUARRY LANE

City

SANFORD

FL

Zip Code

32773

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

MUSTAFA YUSUFALI - OPERATIONS MANAGER

4/29/03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **YUSUFALI, HUSSEINALI**
STREET ADDRESS **762 HADDONSTONE CIR #202**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **HUSSEINALI YUSUFALI**
STREET ADDRESS **1202 FOX QUARRY LANE**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **MGRM** ☐ Delete
NAME **VIRJEE, GULAM**
STREET ADDRESS **762 HADDONSTONE CIR #202**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **GULAM VIRJEE**
STREET ADDRESS **1202 FOX QUARRY LANE**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MUSTAFA YUSUFALI - OPERATIONS MANAGER

Date

4/29/03

Daytime Phone #

407923 6999

CR2E083 (10/02)

0065586