

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001358

1. Entity Name
CENTRAL EUROPEAN SERVICES LLC

Principal Place of Business

1591 EAST ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

Mailing Address

1591 EAST ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLTON MANAGEMENT INC.
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

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.

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

000004138560--0
-05/07/01--01012--021
2100.00 **50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
DEBROSKEY, HARRY ☒ Delete
STREET ADDRESS 1591 E. ATLANTIC BLVD., SUITE 200
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE NAME MGRM
DEBROSKEY, HARRY ☒ Delete
STREET ADDRESS 60 MARKET SQUARE
CITY-ST-ZIP BELIZE CITY, BELIZE

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGR ☒ Change ☐ Addition
YVETTE LAURENT
STREET ADDRESS 58 Citronier - Apt. 1
CITY-ST-ZIP DOMINICA

TITLE NAME MEMBER ☒ Change ☐ Addition
Appin Enterprises Limited
STREET ADDRESS 60 Market Square
CITY-ST-ZIP Belize City, Belize

TITLE NAME MEMBER ☐ Change ☒ Addition
Dalemout Trading Limited
STREET ADDRESS 60 Market Square
CITY-ST-ZIP Belize City, Belize

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 OF REGISTERED AGENT

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

Date

Daytime Phone #

0007451 AF

CR2E083 (11/00)

FILED

01 APR 25 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE