

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000002938**1. Entity Name
EURO CONCEPTS, LLC

Principal Place of Business 1591 E. ATLANTIC BLVD. S. 200 POMPANO BEACH FL 33060	Mailing Address 1591 E. ATLANTIC BLVD. S. 200 POMPANO BEACH FL 33060
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2. Principal Place of Business
1001 JUPITER PARK DR.
Suite, Apt. #, etc.
1233. Mailing Address
Suite, Apt. #, etc.City & State
JUPITER FL

City & State

4. FEI Number
65-0881542Applied For
Not ApplicableZip Country Zip Country
334585. 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

CARLTON MANAGEMENT, INC.
1591 EAST ATLANTIC BLVD., SUITE 200

POMPANO BEACH FL 33060 US

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 _____ DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WINDER PAUL	
STREET ADDRESS	P.O.BOX 107, OCEANIC HOUSE	
CITY-ST-ZIP	GRAND TURKS, TURKS & CAICOS BWI	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PRENDERGAST VINCE	
STREET ADDRESS	3184587 CANADA INC.	
CITY-ST-ZIP	OTTAWA, ONTARIO CANADA K1Z 5C7	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: PAUL WINDER MGRM 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)