

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008872

1. Entity Name

EUROPE CREW CORNER, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 31 AM 10: 02

Principal Place of Business

777 E MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952

Mailing Address

777 E MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SOILEAU, JOHN L ESO  
1970 MICHIGAN AVENUE  
BLDG C  
COCOA FL 32922

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
MGRM  
MATKOVIC, ZVONIMIR  
STREET ADDRESS 777 E MERRITT ISLAND CAUSEWAY  
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003384338--E  
CITY-ST-ZIP -09/06/00--01108--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8/20/00

321-638-0197

CR2E083 (5/00)