

2001 UNIFORM BUSINESS REPORT (UBR)

4/17

FILED
May 22, 2001 8:00 am
Secretary of State

04-17-2001 90037 012 ***158.75

DOCUMENT # P00000013649

1. Entity Name

U.S. - EUROPEAN TRADING, INC.

Principal Place of Business

Mailing Address

1025 N.W. 11TH LANE
 CAPE CORAL FL 33993

1025 N.W. 11TH LANE
 CAPE CORAL FL 33993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, RICHARD
1500 N.W. 107TH AVENUE
MIAMI FL 33172

Name

NORA LANG

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

215 SW 11TH TERRACE

City

CAPE CORAL, FL

FL

Zip Code
33991

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 **NORA LANG**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/02/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **KUTNIK, MONIKA**
 CITY-STATE-ZIP **KLEINENBROICHER, STR 17**
MOENCHENGLADDACH, GERMANY 41328

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

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **KUTNIK, WOLFGANG**
 CITY-STATE-ZIP **KLEINENBROICHER, STR 17**
MOENCHENGLADDACH, GERMANY 41328

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-STATE-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MONIKA KUTNIK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/01

Date

(941) 574-3548

Daytime Phone #

CR2E034 (10/00)