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03-03-2003 90955 024 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000036021 **DOCUMENT #**

1. Entity Name

ARNO EUROFONDS CORPORATION



Principal Place of Business Mailing Address 100 LOVERS LANE, #201 100 LOVERS LANE. #201 FT. MYERS BEACH FL 33031 FT. MYERS BEACH FL 33031 2. Principal Place of Busines Mailing Address 13600 Harbour Ridge Dr. 237 7.0. Nox Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES F1. Myen Jean 4. FEI Number Applied For 65-1111550 Not Applicable Zip Country . \$8.75 Additional Florida 33908 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACHER, ULRICH 100 LOVERS LANE, #201 FT. MYERS BEACH FL 33031 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 02-28- 03 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** 7277 TIŤLĖ ☐ Delete TITLE ☐ Change ☐ Addition SIGL. FRANZ NAME Siel Frank NAME 201-1 LENELL ROAD STREET ADDRESS DECO Harbur Ridge Dr. STREET ADDRESS FT. MYERS BEACH FL 33031 CITY-ST-ZIP CITY-ST-ZIP Fl. Myeiz FL. TITLE Delete TITLE ☐ Change ☐ Addition NAME SIGL, FRANZ NAME Sich Franz STREET ADDRESS 201-1 LENELL ROAD 13600 Harbou Ridge Dr. STREET ADDRESS CITY-ST-ZIP FT. MYERS BEACH FL 33031 Ft. Myes, FL. 33908 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if indicated on this report or supplemental reports of the corporation of the receiver or trustee empore of the corporation of the receiver of trustee empore with an address, with all other like empowered

SIGNATURE:

E Presingation