

4/23

FILED
May 17, 2001 8:00 am
Secretary of State

04-23-2001 90222 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046449

1. Entity Name

EURO DELI INC.

Principal Place of Business

Mailing Address

346 COTTONWOOD LANE
BOCA RATON FL 33487

346 COTTONWOOD LANE
BOCA RATON FL 33487

4, 101

11200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

VJ65-108833

Applied For

Not Applicable

5. Certificate of Status

65-1008833

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KWASNAK, MIROSLAW W
346 COTTONWOOD LANE
BOCA RATON FL 33487

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

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: **PRESIDENT** Delete
NAME: **MIROSLAW KWASNAK**
STREET ADDRESS: **346 COTTONWOOD LANE**
CITY-ST-ZIP: **BOCA RATON FL 33487**

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

TITLE: **VICE PRESIDENT** Delete
NAME: **BARBARA KWASNAK**
STREET ADDRESS: **346 COTTONWOOD LANE**
CITY-ST-ZIP: **BOCA RATON FL 33487**

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

TITLE: Delete
NAME: Delete
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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:

MIROSLAW KWASNAK

4-12-01 561-2716044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)