## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 29, 2002 8:00 am \$ Secretary of State 04-29-2002 90004 552 **DOCUMENT #** P00000091690 1. Entity Name EUROPEAN STYLE, INC. Principal Place of Business Mailing Address 2924 PORT ROYALE LANE 2924 PORT ROYALE LANE FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 2651 N. Federal Highway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 103 City & State City & State 4. FEI Number Applied For 65-1043027 Fort Lauderdale, Florida Not Applicable Country Zip .\$8.75\_Additional-- -5. Certificate of Status Desired 33306 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Alberto Caputo BRATTER, JOSHUA P ESQ. Street Address (P.O. Box Number is Not Acceptable) 777 17 ST. PENTHOUSE SUITE 2651 N. Federal Highway MIAMI BEACH FL 33139 <u>Suite</u> #103 <sup>City</sup> Fort <u>Lauderdale</u> 8. The above nag submils this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida S\*GNATUR registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CAPUTO, ALBERTO NAME NAME 2924 PORT ROYALE LANE STREET ADORESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-7IP 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 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-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director pequired/by Chapter 607, Flor/da Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accurate and that prof the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowere