

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099665

1. Entity Name
EURO EXPO 3000, INC.Principal Place of Business
3201 NE 14TH STREET, #201
POMPANO BEACH FL 33062Mailing Address
3201 NE 14TH STREET, #201
POMPANO BEACH FL 330622. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1068570

Applied For
Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LHOTA, DAVID P ESQ.
BOWEN & LHOTA, PA
1000 W. MCNAB RD.
POMPANO BEACH FL 33069

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 P
NAME KONTOSOVA, MARIA
STREET ADDRESS 3201 NE 14TH STREET, #201
CITY-ST-ZIP POMPANO BEACH FL 33062 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE VST
NAME KONTOS, EUGENE
STREET ADDRESS 3201 NE 14TH STREET, #201
CITY-ST-ZIP POMPANO BEACH FL 33062 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

Daytime Phone #

0170962
AVFILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90072 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)