


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

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90066 020 ***150.00

DOCUMENT # P00000115921

1. Entity Name
EURO LATTA, INC.



Principal Place of Business
**C/O EURO AMERICAN MANAGEMENT INC.
4350 W. CYPRESS STREET, SUITE 1075
TAMPA FL 33607**

Mailing Address
**C/O EURO AMERICAN MANAGEMENT INC.
4350 W. CYPRESS STREET, SUITE 1075
TAMPA FL 33607**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

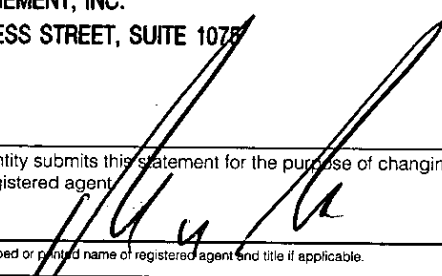
4. FEI Number **59-3704281** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**AMEURCO MANAGEMENT, INC.
4350 WEST CYPRESS STREET, SUITE 1075
TAMPA FL 33607**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **BRUCE D. BURDGE**
Signature, typed or printed name of registered agent and title if applicable. (Typed agent signature required when reinstating)
EXECUTIVE VICE PRESIDENT **2/20/03**
DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BURDGE, BRUCE D 4300 W. CYPRESS ST. TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STE 1075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herman Bessem President Koninginnegracht 7 Postbus 16355 2500 BJ Den Haag, The Netherlands	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herman Bessem President 4300 W. Cypress St. Suite 1075 Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Romain de Jaeger Secretary Koninginnegracht 7 2514 AA Den Haag The Netherlands	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BRUCE D. BURDGE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EXECUTIVE VICE PRESIDENT** **2/20/03**
Date Daytime Phone #

CR2E034 (10/02)