2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000062828

1. Entity Name ,

EUROCYNERGY, INC

FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90397 030 ***150.00

				'n				
Principal Place of Business 430 N MILLS RD. STE 1000 ORLANDO FL 32803		Mailing Address 430 N MILLS RD. STE 1000 ORLANDO FL 32803			<u> </u>			
2. Principal P	Place of Business	3. Mailing Address				T 1001:001 KII 90101 YIBIN 90KIY 90KIY 90KIY 00KIB BIYAT INGO KAKIB IKOOK ABKI ABRI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Stat	le	City & State			•	4. FEI Number 01 - 0647843 Applied For Not Applicable	}	
Zip	Country	Zip	Zip Country		,	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current	Registered Agent	- 7-			7. Name and Address of New Registered Agent	1	
THE LAW OFFICE OF REVIN CANITON, F.A. Street Address (P.O. Box Number is						O. Box Number is Not Acceptable) J. MILLS AVENUE, Ste 1000	 - 	
					City ORLANDO FL Zip Code 39803			
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 .		F. Au) GE 8	ERI		3/31/02		
	Signature, typed or printed name of registered agent				ure required wh	nen reinstating) DATE	1	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	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	1_	
TITLE	PCEO	☐ Delete	TITL		PLE		10/6)	
NAME STREET ADDRESS CITY-ST-ZIP	AUDEBERT, FANK 430 N MILLS RD, STE 1000 ORLANDO FL 32803			E Et address -st-zip	430	EBERT, FRANCK MIKAEL N. MILLS AV, SUITE 1000 LANDO, FL 32803	CB2F034 (9	
TITLE		☐ Delete	TITL	E	VP U	S POR OPERATIONS Change PAddition	8	
NAME			NAM		1	ILE DERANCY	Ì	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	430	N. MILLS AV, SUITE 1000-ORLANDO, FL		
TITLE	*	☐ Delete	TITLI	-	1.10	CARROLL OF WATER CHARLE CHARLE	┥-	
NAME		L'1 Délété	NAM		VI	COROLLIA OLEMINIONS RIA CHARLE		
STREET ADDRESS			STRE	ET ADDRESS	730	N. Mills All suite 1000		
CITY-ST-ZIP			CITY	-ST-ZIP	730	HERINE BOYER N. MI'LLS AV, SUITE 1000 ORLANDO, FL 320 Chance C Addition	\$ 3	
TITLE		☐ Delete	TITL			☐ Change ☐ Addition		
NAME STREET ADDRESS			NAM STRE	et address				
CITY-ST-ZIP				-ST-ZIP				
TITLÉ		☐ Delete	TITLE	<u> </u>		Change Addition	1	
NAME			NAM	É		• •	1	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			-	-ST-ZIP		Change T Addition	-	
TITLE NAME		☐ Delete	TITLE			☐ Change ☐ Addition		
STREET ADDRESS				ET ADDRESS			Ì	
CITY-ST-ZIP			CITY	-ST-ZIP				
13. I hereby o	certify that the information supplied with	this filing does not qualify for	the exe	mption stat	ted in Section	ion 119.07(3)(i), Florida Statutes. I further certify that the information		
of the cor changed,	poration or the receiver or trustee emports, or on an attachment with an address, we	we'ed to execute this report vithall other like empowered.	as requi	red by Cha	pter 607, F	me legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if		

SIGNATURE: