

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90093 018 ***150.00

DOCUMENT # P02000008150			
1. Entity Name EUROMOLDS CO.			
Principal Place of Business 8025 N.W. 192 TERRACE MIAMI LAKES FL 33015		Mailing Address 8025 N.W. 192 TERRACE MIAMI LAKES FL 33015	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 38-3641800		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASERO, ANGEL 8025 N.W. 192 TERRACE MIAMI LAKES FL 33015		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 _____ (NOTE: Registered Agent signature required when reinstating) 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 \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASERO, ANGEL 8025 N.W. 192 TERRACE MIAMI LAKES FL 33015	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERARDI, MARIO 3701 N COUNTRY CLUB DR #1403 AVENTURA FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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: SIGNATURE OF PRESIDENT		4-24-03	305-512-0710
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (10/02)

83641800 BI 00 000000
200222 R98468

6525

80123308
P9800000 8316

29963-520-02890-2 113936 209
SB V



Department of the Treasury
Internal Revenue Service
MEMPHIS TN 37501-0038

Date of this notice:
Taxpayer Identifying Number
Form: 2363

JUNE 10, 2002
38-3641800
Tax Period:

For assistance you may
call us at:

1-800-829-1040



EUROMOLDS CO
8025 NW 192 TER
MIAMI LAKES FL 33015-5216257

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.

--EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER
IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE
FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:
80-0028529

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT
EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS
TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT
EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING
YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR
ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR
COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on
telephone calls.

Overlay 5 Form 8489 (Rev. 8-91)

Keep this part for your records

Return this part to us with your check or inquiry

Your telephone number

Best time to call



200222

29963-520-02890-2

INTERNAL REVENUE SERVICE
MEMPHIS TN 37501-0038

EUROMOLDS CO
8025 NW 192 TER
MIAMI LAKES FL 33015-5216257