FILED
Mar 28, 2003 8:00 am
Secretary of State
03-28-2003 90055 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80065599

DOCUMENT # P02000012372

1. Entity Name
EURO SECRET INC

Principal Place of Business
1951 ATLANTIC SHORES BLVD. TH7
HALLANDALE, FL 33009

Mailing Address
1951 ATLANTIC SHORES BLVD. TH7
HALLANDALE, FL 33009

2. Principal Place of Business: 921 NE 5th STREET
Suite, Apt. #, etc.
City & State: HALLANDALE FL
Zip: 33009 Country

3. Mailing Address: 921 NE 5th STREET
Suite, Apt. #, etc.
City & State: HALLANDALE FL
Zip: 33009 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 80-0036226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZSUZSANNA, VARGA
1951 ATLANTIC SHORES BLVD. TH7
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent
Name: ZSUZSANNA VARGA
Street Address (P.O. Box Number is Not Acceptable): 921 NE 5th STREET
City: HALLANDALE FL Zip Code: 33009

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 [signature] 3/25/03
Signature, typed or printed name of registered agent and title if applicable (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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ZSUZSANNA VARGA 921 NE 5th STREET HALLANDALE FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] VARGA ZSUZSANNA 3/25/03 9544558460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #