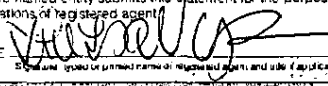
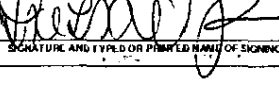


FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90055 002 ***150.00

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

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		3. Mailing Address 921 NE 5th STREET
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State HALLANDALE FL		City & State HALLANDALE FL
Zip 33009	Country	Zip 33009
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  DATE 3/25/03 Signature typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent's signature required after 1/1/01)		
9. FILE NOW!!! FEE IS \$180.00 After May 1, 2003 Fee will be \$560.00 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		
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 507, 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:  VARGA ZSUZSANNA / 25 / 03 9544558460 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

80065599



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)