

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91759 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000036361

1. Entity Name
EURO MASTER SERVICES, INC.



Principal Place of Business
262 NW 2ND STREET
DEERFIELD BEACH, FL 33441

Mailing Address
262 NW 2ND STREET
DEERFIELD BEACH, FL 33441

90128189

2. Principal Place of Business
311 SW 83RD AVE NW
Suite, Apt. #, etc.

3. Mailing Address
311 SW 83RD AVE NW
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
NORTH LAUDERDALE FL
Zip
33068
Country

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NORTH LAUDERDALE FL
Zip
33068
Country

4. FEI Number
01-0700849
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALYI, ATTILA G
311 S.W. 83RD AVENUE
NORTH LAUDERDALE, FL 33068

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when consenting)

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
PD
VALYI, ATTILA G
311 SW 83RD AVENUE
NORTH LAUDERDALE, FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Attila G. Valyi, ATTILA VALYI, PRESIDENT

4/29/03 (954) 722 1579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)