

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

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

05-05-2003 90295 034 ***150.00

0003984 AT

DOCUMENT # P02000124828

1. Entity Name
EURO SKY CLEANERS & ALTERATIONS, INC.



Principal Place of Business
**1820 N 17TH AVENUE #4
HOLLYWOOD FL 33020**

Mailing Address
**1820 N 17TH AVENUE #4
HOLLYWOOD FL 33020**



2. Principal Place of Business
1820 N 17th Avenue

3. Mailing Address
1820 N 17th Ave

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.
#4

CHECK HERE IF MAKING CHANGES

City & State
Hollywood FL

City & State
Hollywood FLORIDA

4. FEI Number
14-1857662

Applied For
 Not Applicable

Zip
33020

Country
U.S.A.

Zip
33020

Country
U.S.A.

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

**DINU, LYDIA
1820 N 17TH AVENUE #4
HOLLYWOOD FL 33020**

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 **LYDIA DINU**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/03

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 Delete
PRESIDENT
NAME
LYDIA DINU
STREET ADDRESS
1820 N 17th AVE Apt 4
CITY-ST-ZIP
HOLLYWOOD FL 33020 USA

TITLE Change Addition
VICE PRESIDENT
NAME
NELIA YUCU
STREET ADDRESS
1425 ATLANTIC SHORE BLVD. Apt #503
CITY-ST-ZIP
HALLANDALE FL 33009 U.S.A.

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **LYDIA DINU** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03 Date

(954) 494-0922 Daytime Phone #

CR2E034 (10/02)