

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-12-2003 90069 010 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000126910

1. Entity Name

EUROPA VERTRIEBS GESELLSCHAFT MBH, INC.



Principal Place of Business

Mailing Address

215 SE 3RD AVENUE

215 SE 3RD AVENUE

SUITE 502 C

SUITE 502 C

HALLANDALE FL 33009

HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-269-1137

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DICKERT, CHARLES G

215 SE 3RD AVENUE

SUITE 502 C

HALLANDALE FL 33009

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

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

(NOTE: Registered Agent Signature required when reinstating)

2/10/03

DATE

FILE NOW WITH FEE IS \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
LAMONA, LARRY H
23 PROMENADE DES ANGLAIS
VADUZ, LICHTEINSTEIN LI 65231

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
DICKERT, MARIA G
215 SE 3RD AVENUE, SUITE 502 C
HALLANDALE FL 33009

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREA
DICKERT, TORSTEN G
3020 EAST WALLISVILLE ROAD
BAYTOWN TX 77521

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC
DICKERT, MARIA G
215 SE 3RD AVENUE, SUITE 502 C
HALLANDALE FL 33009

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
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CITY - ST - ZIP
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/03

CR2E034 (10/02)