

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90323 021 \*\*\*150.00

**DOCUMENT # P93000000807**

1. Entity Name

**EURO-AMERICAN REAL ESTATE, INC.**

Principal Place of Business

Mailing Address

**2001 PALM BEACH LAKES BLVD  
STE 101  
WEST PALM BEACH FL 33409**

**2001 PALM BEACH LAKES BLVD  
STE 101  
WEST PALM BEACH FL 33405-1242**

2. Principal Place of Business

3. Mailing Address

**2716 SO. DIXIE HWY**

**2716 SOUTH DIXIE HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**101**

**101**

City & State

City & State

**WEST PALM BEACH FL**

**W. PALM BEACH FL**

Zip

Country

Zip

Country

**33405**

**33405**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0380463**

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

**HAAS, JOSEPH  
2001 PALM BEACH LAKES BLVD  
STE 101  
WEST PALM BEACH FL 33409**

Name

**2716 SOUTH DIXIE HWY**

Street Address (P.O. Box Number is Not Acceptable)

**101 SUITE**

**WEST PALM BEACH**

City

**FL**

Zip Code

**33405**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST HAAS, JOSEPH 2001 PALM BEACH LAKES BLVD #101 WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HAAS, JOSEPH 2001 PALM BEACH LAKES BLVD #101 WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2716 So. DIXIE HWY W. PALM BEACH FL 33405</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2716 SOUTH DIXIE HWY WEST PALM BEACH FL 33405</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)