

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90278 037 \*\*\*150.00

**DOCUMENT #** P93000002225  
**1. Entity Name**  
 EURO FINANCE CORP.

**Principal Place of Business**      **Mailing Address**  
 20281 E. Country Club Dr.      20281 E. Country Club Dr.  
 Apt. 1712      Apt. 1712  
 No. Miami Beach FL 33180      No. Miami Beach, FL 33180

**950379**

DO NOT WRITE IN THIS SPACE

**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**      **Applied For**  
 65-0381917       Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 LEOPOLD, NORMAN  
 20801 BISCAYNE BLVD. #501  
 NO MIAMI BEACH, FL 33180

**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.**  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	EHRlich, AGNES	
STREET ADDRESS	20281 E. COUNTRY CLUB DR #1712	
CITY-ST-ZIP	NO MIAMI BEACH, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHRlich, ROBERT A	
STREET ADDRESS	394 KEVIN DR	
CITY-ST-ZIP	BETHLEHEM, PA 18017	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASZLO, ILONA	
STREET ADDRESS	20281 E. COUNTRY CLUB DR #1712	
CITY-ST-ZIP	NO MIAMI BEACH, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:** Agnes Ehrlich  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2000      305 935-099N  
 Date      Daytime Phone #

CR2E034 (9/99)