

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045410

1. Entity Name

EUROPEAN COMMUNICATION & OFFICE SERVICES, INC.

Principal Place of Business

501 BRICKELL KEY DR., SUITE 500
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DR., SUITE 500
MIAMI FL 33131-2608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0424512

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

NETTIG, CLAUDIA K
801 BRICKELL AVENUE, SUITE 952
MIAMI FL 33131

Name

Mrs. Claudia K. Nettig

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

501 Brickell Key Drive

Suite 500

City Miami

FL

Zip Code 33131

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 PSTD ☐ Delete
NAME NETTIG, CLAUDIA K
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 952
CITY-ST-ZIP MIAMI FL 33131

TITLE PSTD ☒ Change ☐ Addition
NAME Nettig, Claudia K
STREET ADDRESS 501 Brickell Key Drive, Suite 500
CITY-ST-ZIP Miami, Florida 33131

TITLE D ☐ Delete
NAME DEISER, ALEXANDER N
STREET ADDRESS 801 BRICKELL AVENUE., STE 952
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ Change ☐ Addition
NAME Deiser, Alexander N
STREET ADDRESS 501 Brickell Avenue, Suite 500
CITY-ST-ZIP Miami, Florida 33131

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2000
Date Daytime Phone #

CR2E034 (9/99)