

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90076 022 ***150.00

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**



2. Principal Place of Business
**7700 CONGRESS AVE
SUITE 2107**

3. Mailing Address
**7700 CONGRESS AVE
SUITE 2107**

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL
Zip
33487

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BOCA RATON, FL
Zip
33487

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

**NETTIG, CLAUDIA K
501 BRICKELL KEY DRIVE
STE 500
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**7700 CONGRESS AVENUE
SUITE 2107**
City **BOCA RATON** **FL** Zip Code **33487**

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) DATE _____

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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD NETTIG, CLAUDIA K 501 BRICKELL KEY DRIVE STE500 MIAMI FL 33131 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEISER, ALEXANDER N 501 BRICKELL KEY DRIVE STE 500 MIAMI FL 33131 <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7700 CONGRESS AVE, SUITE 2107 BOCA RATON, FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7700 CONGRESS AVE, SUITE 2107 BOCA RATON, FL 33487 |
| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **NETTIG, CLAUDIA K**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 **(561) 989-9910**
Date Daytime Phone #

CR2E034 (10/02)