

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 046 ***550.00

DOCUMENT # P93000069131
1. Entity Name
HEECO EURO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5450 W Crenshaw
Suite, Apt., #, etc.

3. Mailing Address
PO Box 9279
Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa FL

City & State
Tampa FL

Zip
33634 Country US

Zip
33674 Country US

4. FEI Number
59-3227155

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Alan H. Otte, Esq.

Street Address (P.O. Box Number is Not Acceptable)
13604 Pub Place

City
Tampa **FL** Zip Code
33624

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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	<u>PO</u>
NAME	<u>E. R. mihalcin</u>
STREET ADDRESS	<u>7605 Egypt Lake Drive</u>
CITY-ST-ZIP	<u>Tampa FL 33614</u>
TITLE	<u>ST</u>
NAME	<u>Phyllis mihalcin</u>
STREET ADDRESS	<u>7605 Egypt Lake Drive</u>
CITY-ST-ZIP	<u>Tampa FL 33614</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis Mihalcin Phyllis mihalcin 5/24/02 813-886-7584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)