

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94 0000 82546 . .

1. Entity Name  
**EUROPEAN AMERICAN CHINESE INTERNATIONAL TRADING MANUFACTURING AND MACHINERY SALES INC.**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90067 041 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

**1170- 99TH STREET**

Suite, Apt. #, etc.

**SUITE # 3**

City & State

**BAY HARBOR ISLANDS, FL**

Zip

**33154**

Country

**USA**

3. Mailing Address

**1170- 99TH STREET**

Suite, Apt. #, etc.

**SUITE # 3**

City & State

**BAY HARBOR ISLANDS, FL**

Zip

**33154**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0561388**

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

Name

**WEBSTER, URSULA**

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

**1170- 99TH STREET**

**SUITE # 3**

City

**BAY HARBOR ISLANDS**

FL

Zip Code

**33154**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>WEBSTER, KENNETH</b>
STREET ADDRESS		STREET ADDRESS	<b>1170- 99TH STREET SUITE #3</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>BAY HARBOR ISLANDS, FL 33154</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>WEBSTER URSULA</b>
STREET ADDRESS		STREET ADDRESS	<b>1170- 99TH STREET, SUITE #3</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>BAY HARBOR ISLANDS, FL 33154</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kenneth Webster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth Webster**

**4/21/00**  
 Date

**305-867-7599**  
 Daytime Phone #

CR2E034 (9/99)