

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90007 032 ***158.75

DOCUMENT # P95000041198

1. Entity Name

MODELLISTA DE EUROPA (CORP.)

Principal Place of Business

6850 EL VIENTO WAY
BOCA RATON FL 33433

Mailing Address

6850 EL VIENTO WAY
BOCA RATON FL 33433

2. Principal Place of Business

440 ADDISON AVE LANE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

4. FEI Number 65-0588908

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVER, BRUCE F ESQ
6100 GLADES ROAD
STE. 201
BOCA RATON FL 33434

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

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)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

X

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
PTD FINKELSTEIN, JEROME A
STREET ADDRESS 431 E PALISADE AVE
CITY-ST-ZIP ENGLEWOOD NJ 07631

Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE NAME
VSD FINKELSTEIN, ETHEL M
STREET ADDRESS 431 E PALISADE AVE
CITY-ST-ZIP ENGLEWOOD NJ 07631

Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Delete

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

JEROME A. FINKELSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 JAN 01 417-8923

CR2E034 (10/00)