

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2001 8:00 am**  
**Secretary of State**

05-09-2001 90002 046 \*\*\*150.00

**DOCUMENT # P95000066888**

1. Entity Name  
**EUROEX INC.**

Principal Place of Business

1302 NEW WORLD AVE.. #4  
 LANTANA FL 33462

Mailing Address

1402 LEE COURT  
 LAKE WORTH FL 33461  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**EUROEX, INC**

3. Mailing Address

Suite, Apt. #, etc.

**1402 LEE CT**

Suite, Apt. #, etc.

City & State  
**LAKE WORTH, FLORIDA**

City & State

4. FEI Number **65-0606495**

Applied For  
 Not Applicable

Zip  
**33461**

Country  
**U.S.A.**

Zip

Country

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

**FRANSAS, JURI**  
**1402 LEE COURT**  
**LAKE WORTH FL 33461**

Name

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

City

**LAKE WORTH**

**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)

**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.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>FRANSAS, JURI</b>	<b>1402 LEE COURT</b>	<b>LAKE WORTH FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.10.2001**

Date

**(361) 547-1309**

Daytime Phone #

CR2E034 (10/00)