

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90325 041 \*\*\*150.00

**DOCUMENT # P95000081512**

**1. Entity Name**  
**EUROCOMP INTERNATIONAL INC.**

**Principal Place of Business**

**9 E. CHESTERFIELD DR**  
**BOYNTON BEACH FL 33426**  
**US**

**Mailing Address**

**9 E. CHESTERFIELD DR**  
**BOYNTON BEACH FL 33426**  
**US**

**2. Principal Place of Business**

**811 S. MONTEREY CIRCLE**  
Suite, Apt. #, etc.

**3. Mailing Address**

**SAME**  
Suite, Apt. #, etc.

**City & State**

**BOYNTON BEACH, FL.**

**City & State**

**SAME**

**Zip**

**33436**

**Country**

**USA**

**Zip**

**SAME**

**Country**

**USA**

**4. FEI Number**

**65-0627964**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VERES, ATTILA**  
**9 E CHESTERFIELD DR.**  
**BOYNTON BEACH FL 33426**

**7. Name and Address of New Registered Agent**

**Name** **ATTILA VERES**  
**Street Address (P.O. Box Number is Not Acceptable)**

**811 S. MONTEREY CIRCLE**  
**City** **BOYNTON BEACH** **FL** **Zip Code** **33436**

**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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-14-02**

**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, 2002 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**

**TITLE** **PCEO** ☐ Delete  
**NAME** **VERES, ATTILA**  
**STREET ADDRESS** **9 E CHESTERFIELD DR**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33426**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-02**

**Date**

**561 733 7507**

**Daytime Phone #**

CR2E034 (9/01)