2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 16, 2001 8:00 am
Secretary of State
05-22-2001 90800 040 ***150.00

DOCUMENT # P01000028878

1. Entity Name

EUROPE IMPORT EXPORT INC

Principal Place of Business	Mailing Address
5029 SW 24th AVE FT. LAUD / FL / 33312	5029 SW 24th AVE FT. LAUD / FL / 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5029 SW 24th AVE	5029 SW 24th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUD / FL	City & State: FT. LAUD / FL
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. FEI Number — ☐ 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
OMER GUVEN 5029 SW 24th AVE FT LAUDERDALE, FL 33312	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		PRESIDENT / OWNER OMER GUVEN 5029 SW 24th AVE FT. LAUD / FL 33312	
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E057 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMER GUVEN 04/31/01 (954) 9831557
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED — OFFICER OR DIRECTOR — Date — Daytime Phone #