

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032283

1. Entity Name

EURO TOUCH SERVICES, INC

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90030 030 ***150.00

Principal Place of Business

Mailing Address

400 KINGS POINT DR
SUITE 1627
SUNNY ISLES BCH, FLA
33160

SAME

2. Principal Place of Business

3. Mailing Address

400 KINGS POINT DR
Suite, Apt. #, etc.
1627

Suite, Apt. #, etc.

City & State

City & State

SUNNY ISLES BCH, FLA

SAME

Zip

Country

Zip

Country

33160

U.S.A.

4. FEI Number

65-0658167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZARO BOLIVAR
400 KINGS POINT DR #1627
SUNNY ISLES BEACH, FLA
33160

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

Lazaro Bolivar

4/19/00

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE: PRESIDENT
NAME: LAZARO BOLIVAR
STREET ADDRESS: 400 KINGS POINT DR SUITE 1627
CITY-ST-ZIP: SUNNY ISLES BCH, FLA 33160

☐ Delete

TITLE: JUDITH RODRIGUEZ
NAME: VICE PRESIDENT
STREET ADDRESS: 400 KINGS POINT DR. SUITE 1627
CITY-ST-ZIP: SUNNY ISLES BCH, FLA 33160

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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:

Lazaro Bolivar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

305-354-8209

CR2E034 (9/99)