

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90251 023 ***150.00

DOCUMENT # **P 96000 32 283**

1. Entity Name

EURO TOUCH SERVICES, INC

Principal Place of Business

Mailing Address

**400 KINGSPONT DR
 SUITE 1627
 SUNNY ISLES BEACH
 FLA 33160**

SAME

40067814

2. Principal Place of Business

3. Mailing Address

400 KINGSPONT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1627

SAME

City & State

City & State

SUNNY ISLES BEACH

4. FEI Number

65-0658167

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

USA

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

**LAZARO BOLIVAR
 400 KINGSPONT 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

4/23/01

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

(NOTE: Registered Agent signature required when re-registering)

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	LAZARO BOLIVAR	
STREET ADDRESS	400 KINGSPONT DR #1627	
CITY-ST-ZIP	SUNNY ISLES BEACH, FLA 33160	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JUDITH RODRIGUEZ	
STREET ADDRESS	400 KINGSPONT DR #1627	
CITY-ST-ZIP	SUNNY ISLES BEACH, FLA 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lazaro Bolivar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 (305) 354836