

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96000 32 283

1. Entity Name

*Euro Touch Services, Inc*

Principal Place of Business

400 KINGPOINT DR  
SUITE 1627  
SUNNY ISLES BEACH  
FLA 33160

Mailing Address

*same*

2. Principal Place of Business

400 KINGPOINT DR

Suite, Apt. #, etc.

1627

3. Mailing Address

Suite, Apt. #, etc.

*same*

City & State

SUNNY ISLES BEACH

Zip

33160

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

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

Name

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

*N/A*

City

FL Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number

*65-0658167*

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

*4/23/01*

DATE

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

*Lazano Bolivar*

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

(NOTE: Registered Agent signature required when changing)

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

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 my address, with all other like empowered.

SIGNATURE:

*Lazano Bolivar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-16-2001 90251 023 \*\*\*150.00