

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068874

1. Entity Name

EURO CARIBBEAN SERVICE, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90016 016 ***150.00

Principal Place of Business

Mailing Address

~~200 S. BISCAYNE BLVD., STE 4015~~
~~MIAMI FL 33131~~

~~200 S. BISCAYNE BLVD., STE 4015~~
~~MIAMI FL 33131-2300~~

2. Principal Place of Business

3. Mailing Address

4343 W. Flagler St

4343 W. Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

505

505

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33134

USA

33134

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0735159

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

ZERBONE, ALESSANDRO
 1800 NE 114 ST. #2310
 #2310
 MIAMI FL 33181

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RONCO, ROMEO		NAME:	
STREET ADDRESS: SALITA DELLA PROVIDENZA 6/14		STREET ADDRESS:	
CITY-ST-ZIP: GENOVA, ITALY		CITY-ST-ZIP:	
NAME: BORIN, GIUSEPPE		NAME:	
STREET ADDRESS: VIA MOLFINO 13/15		STREET ADDRESS:	
CITY-ST-ZIP: GENOVA, ITALY		CITY-ST-ZIP:	
NAME: FRANCO, GIOVANNI		NAME:	
STREET ADDRESS: VIA MAZZAREI 15 COD.		STREET ADDRESS:	
CITY-ST-ZIP: MUGGIA, ITALY		CITY-ST-ZIP:	
NAME: FRANCO, MAURO		NAME:	
STREET ADDRESS: VIA MAZZAREI 15 COD.		STREET ADDRESS:	
CITY-ST-ZIP: MUGGIA, ITALY		CITY-ST-ZIP:	
NAME: BUSSI, PAOLO		NAME:	
STREET ADDRESS: SAL. UBALDINI 41/A		STREET ADDRESS:	
CITY-ST-ZIP: MUGGIA, ITALY		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

305 461 3244
Daytime Phone #

CR2E034 (9/99)