

# 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  
Suite, Apt. #, etc.

4343 W. Flagler St  
Suite, Apt. #, etc.

505

505

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

33134

USA

Zip

Country

33134

USA

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

TITLE	D	<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		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORIN, GIUSEPPE		NAME		
STREET ADDRESS	VIA MOLFINO 13/15		STREET ADDRESS		
CITY-ST-ZIP	GENOVA, ITALY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCO, GIOVANNI		NAME		
STREET ADDRESS	VIA MAZZAREI 15 COD.		STREET ADDRESS		
CITY-ST-ZIP	MUGGIA, ITALY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCO, MAURO		NAME		
STREET ADDRESS	VIA MAZZAREI 15 COD.		STREET ADDRESS		
CITY-ST-ZIP	MUGGIA, ITALY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSSI, PAOLO		NAME		
STREET ADDRESS	SAL. UBALDINI 41/A		STREET ADDRESS		
CITY-ST-ZIP	MUGGIA, ITALY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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

Date

Daytime Phone #

4/28/00

305 461 3244

CR2E034 (9/99)