

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007506

1. Entity Name

EUROPEAN SOUTH INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90065 002 ***150.00

Principal Place of Business

Mailing Address

10788 NW 19TH DRIVE
CORAL SPRINGS FL 33071

10788 NW 19TH DRIVE
CORAL SPRINGS FL 33071 1313

P.O. Box 8770

Coral Springs FL
33075

2. Principal Place of Business

3. Mailing Address

3500 NW Boca Raton Blvd

Suite, Apt. #, etc.
STE 509

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

4. FEI Number

65-0722520

Applied For

Not Applicable

Zip
33431

Country

Zip

Country

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

CILEN, TONY
10788 NW 19TH DRIVE
CORAL SPRINGS FL 33071

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CILEN, TONY
10788 NW 19TH DRIVE
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

Patricia Cilen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 561-394-7200

CR2E034 (9/99)