

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90033 017 \*\*\*150.00

**DOCUMENT # P97000007506**

1. Entity Name  
**EUROPEAN SOUTH INC.**

Principal Place of Business

**10873 NW 52 STREET  
 SUNRISE FL 33351  
 US**

Mailing Address

**10873 NW 52 STREET  
 SUNRISE FL 33351  
 US**

2. Principal Place of Business

**10875 NW 52 ST  
 Suite, Apt. #, etc.  
 SUITE 2  
 City & State  
 SUNRISE FL  
 Zip  
 33351  
 Country  
 BROWARD**

3. Mailing Address

**10875 NW 52 ST  
 Suite, Apt. #, etc.  
 SUITE 2  
 City & State  
 SUNRISE FL  
 Zip  
 33351  
 Country  
 BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0722520**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

6. 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, 2002 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 **PD**  
 NAME **CILEN, TONY**  
 STREET ADDRESS **10788 NW 19TH DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE **STD**  
 NAME **CILEN, PATRICIA**  
 STREET ADDRESS **10788 NW 19TH DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**  
☐ Delete

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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** **4/25/02** **954**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone # **572-1577**

CR2E034 (9/01)