FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90050 050 ***158.75

DOCUMENT # P97000039629

1. Entity Name
EUROCENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 S FEDERAL HWY	Mr B. Hoglund
Suite, Apt. #, etc.	Suite, Apt. #, etc. VUORIMIEHENK. 11 D 13
City & State LAKE WORTH/FLORIDA	City & State HELSINKI
Zip 33160 Country USA	Zip 00140 Country FINLAND

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841874 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WESTMAN, GRELS

Street Address (P.O. Box Number is Not Acceptable): 1700 S FEDERAL HWY

City: LAKE WORTH **FL** Zip Code: 33160

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	HOGLUND,BORJE
STREET ADDRESS	VUORIMIEHENKATU 11 D 13
CITY-ST-ZIP	00140 HELSINKI
TITLE	V
NAME	LAGUS,JOHAN
STREET ADDRESS	UUDENMAANKATU 27 B
CITY-ST-ZIP	00120 HELSINKI, FINLAND
TITLE	D
NAME	BERGLÖF,LARS-OLOF
STREET ADDRESS	ODENGATAN 62
CITY-ST-ZIP	S-11322 STOCKHOLM, SWEDEN
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: /BORJE HOGLUND April 19, 2002/+358-9-663832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #