

**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
1700 S FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address
Mr B. Høglund

Suite, Apt. #, etc.
VUORIMIEHENK. 11 D 13

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH/FLORIDA

City & State
HELSINKI

4. FEI Number
65-0841874

Applied For
Not Applicable

Zip
33160

Country
USA

Zip
00140

Country
FINLAND

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

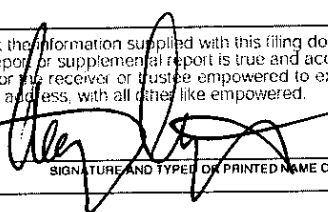
10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

CR2E034B (12/01)