

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043755

1. Entity Name

EURO-CARIBBEAN INVESTMENT CORPORATION

Principal Place of Business

231 ALTARA AVE
CORAL GABLES FL 33146

Mailing Address

231 ALTARA AVE
CORAL GABLES FL 33146-1422

2. Principal Place of Business

2505 N.W. 72nd AVE.

3. Mailing Address

2505 N.W. 72nd AVE.

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33122

Country

USA

Zip

33122

Country

USA

6. Name and Address of Current Registered Agent

PERDOMO, MILLIE
231 ALTARA AVE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
MEISTERL, WERNER

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

17666 S.W. 10th ST.

City
PEMBROKE PINES

FL

Zip Code
33029

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

MEISTERL WERNER P/C MARCH 02, 2000

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEISTERL, W.D. 231 ALTARA AVE CORAL GABLES FL 33146 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/C MEISTERL, W.D. 2505 N.W. 72nd AVE., SUITE A MIAMI, FL. 33122 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MEISTERL INES 17666 S.W. 10th ST. PEMBROKE PINES, FL. 33029 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ZEA, YOLANDA 17666 S.W. 10th ST. PEMBROKE PINES, FL. 33029 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEISTERL

Date

Daytime Phone #

FEB 29, 2000 / 305-594 0223

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90055 026 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)