

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-08-2000 90055 026 \*\*\*158.75

**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**

4. FEI Number

**65-0755158**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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

**MEISTERL WERNER P/C**

**MARCH 02, 2000**

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	<input type="checkbox"/> Delete
D	MEISTERL, W.D.	231 ALTARA AVE	CORAL GABLES FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>

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

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: **MEISTERL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 29, 2000**  
 Date

**305-594 0223**  
 Daytime Phone #

CR2E034 (9/99)