2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000068675** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** EURO CHAMPION PRODUCTS, INC. 03-29-2000 90053 029 ***150.00 Mailing Address Principal Place of Business 16921 ROSE APPLE DRIVE 16921 ROSE APPLE DRIVE DELRAY BEACH FL 33445-7062 DELRAY BEACH FL 33445-7062 2. Principal Place of Business 3. Mailing Address 6626 West Atlantic Avenue 6626 West Atlantic Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3475137 Delray Beach, FL Delray Beach, Florida Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Palm Beach Fee Required Palm Beach 33446 33446 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Vaclav P. Dubsky BREIT, RICHARD H ESQ. Street Address (P.O. Box Number is Not Acceptable) 6626 West Atlantic Avenue 3111 STIRLING ROAD FORT LAUDERDALE FL 33312 33446 FL Delray Beach 8. The above named privity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 3/20/2000 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. M Change ☐ Addition ☐ Delete TITLE TITLE Pavel Durina NAME **DURINA, PAVEL** NAME STREET ADDRESS 16782 Rose Apple Drive STREET ADDRESS 16921 ROSE APPLE DRIVE CITY-ST-ZIP CITY-ST-ZIP Delray Beach, FL 33445-7062 DELRAY BEACH FL 33445-7062 S/M Change X Addition TITLE TITLE □ Delete Vaclav P. Dubsky NAME NAME STREET ADDRESS STREET ADDRESS 18256 - 181st Circle South CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33498 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE

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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

3/20/2000

561-638-7868

Date

Daytime Phone #