## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2002 8:00 am Secretary of State **DOCUMENT #** P97000104006 1. Entity Name EURO TRADE HOLDINGS, INC. 05-03-2002 90019 033 \*\*\*150.00 Principal Place of Business Mailing Address C/O BUTNER & KAHLE, CPAS, PA C/O BUTNER & KAHLE, CPAS, PA 300967 777 SOUTH FLAGLER DRIVE. SUITE 650 E. 777 SOUTH FLAGLER DRIVE. SUITE 650 E. W PALM BEACH FL 33401 W PALM BEACH FL 33401 CLO TRUST INTERNATIONAL COLP Principal Place of Business 3. Mailing Address 2875 S. Ocean Blvd. Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 Same City & State City & State 4. FEI Number Palm Beach, FL Applied For Same 65-0800562 Zip Not Applicable Country Zin Country 33480 5. Certificate of Status Desired \$8.75 Additional USA Same Same 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name **BUTNER, NARDA** Narda E. Butner Street Address (P.O. Box Number is Not Acceptable) 100 S D-1 Green Pine Boulevard 777 SOUTH FLAGLER DRIVE STE 650 EAST WEST PALM BEACH FL 33401 West Palm Beach, FL Zip Code 33409 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete DIRECTOR IVP TITLE NAGY, BALAZS NAME ☐ Change (9/01 NAME 777 S FLAGLER DR SUITE 200 STREET ADDRESS NARDA E. STREET ADDRESS GREEN PINE CITY-ST-ZIP W PALM BEACH FL 33401 1005 D-1 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP TITLE ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete

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

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-7IP



4/18/02 (561) 655-7776

☐ Addition