Apr 30 02 12:09p

FILED
May 30, 2002 8:00 am
Secretary of State
05-14-2002 90341 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: European Title Master, Inc

P98000011908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1830 Vista Way, Suite, Apt. #, etc.; City & State: Margate, FL; Zip: 33063; Country:

3. Mailing Address: 1830 Vista Way, Suite, Apt. #, etc.; City & State: Margate, FL; Zip: 33063; Country:

90072

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650815722 — Applied For / Not Applicable

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: BENJAMIN SZELL

Street Address (P.O. Box Number is Not Acceptable): 1830 VISTA WAY

City: MARGATE FL Zip Code: 33063

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: Ben Szell — 4-30-02

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) 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 $300.00
Assessed Value is $0 - $25,000
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 P	
NAME Benjamin Szell	
STREET ADDRESS 1830 Vista Way	
CITY-ST-ZIP Margate, FL 33063	
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CR2E084 (12/01)

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: Ben Szell — 4-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #