

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90101 031 ***150.00

DOCUMENT # **P98000025184**

1. Entity Name

EUROPEAN LION MGM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3325 GRIFFIN RD.

Suite, Apt. #, etc.

218

City & State

FT. LAUDERDALE, FL.

Zip

33312

Country

3. Mailing Address

113 N. FEDERAL HWY.

Suite, Apt. #, etc.

City & State

DANIA BEACH, FL.

Zip

33004

Country

4. FEI Number

65-0819212

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

GERALD ADAMS

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

113 N. FEDERAL HWY.

City

DANIA BEACH

FL

Zip Code

33004

**DO NOT WRITE
IN THIS SPACE**

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.

GERALD ADAMS - REG. AGENT

4-29-02

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.P.S.T
2501 KENYERES
3325 GRIFFIN RD. SUITE-218
FT. LAUDERDALE, FL. 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TIMEA KENYERES
3325 GRIFFIN RD. SUITE-218
FT. LAUDERDALE, FL. 33312**

TITLE
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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:

Timea Kenyeres

TIMEA KENYERES - DIRECTOR

4-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)