## 2000 UNIFORM BUSINESS REPORT (UBR)

NAME				<u> </u>			1 ,	•					
Principal Place of Business	1. Entity Name						FILED						
Principal Place of Businosis	EUROPE	AN VENTURES, INC.			Į.		n n						
2. Principal Piece of Business	Principal Place	e of Business	Mailing Address										
Suite, Apt 9, etc.  City & State  City & Sta	Suite 700		SUITE 700				TAL	LAHASS	EE, FL	ORIDA			
City & State  City & FL Zip Code  Steed Address of New Registered Agent  City & FL Zip Code  Steed Address (P.O. Bax Number is Not Acceptable)  City & FL Zip Code  Steed Address (P.O. Bax Number is Not Acceptable)  City & FL Zip Code  Steed Address (P.O. Bax Number is Not Acceptable)  City & FL Zip Code  Steed Address (P.O. Bax Number is Not Acceptable)  Steed Address (P.O. Bax Number is Not Acceptable)  Steed Address (P.O. Bax Number is Not Acceptable)  City & FL Zip Code  Steed Address (P.O. Bax Number is Not Acceptable)  City & FL Zip Code  Steed Address (P.O. Bax Number is Not Acceptable)  Steed Address (P.O. Bax Number is Not Acceptable)  City & FL Zip Code  The diring requirement and elects to do so.  Make Check Payable to Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  City & FL Zip Code  The diring requirement and elects to do so.  Make Check Payable to Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  City & FL Zip Code  The diring requirement and elects to do so.  Make Check Payable to Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address (P.O. Bax Number is Not Acceptable)  The Department of State of Horidae  Address	2. Principal P	lace of Business	3. Mailing Address										
Zip   Country   Zip   Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   St. 75 Additional   Res Principles   St. 75 Additional   Res Principles   St. 75 Additional   Res Principles	Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS	S SPACE			
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Fiorida.  SIGNATURE  Systems, hope or present name of registered agent, or both, in the State of Fiorida.  SIGNATURE  Systems, hope or present name of registered agent, or both, in the State of Fiorida.  FER Required  City  FL  Zip Code	City & State	9	City & State			4. Fi	El Number	65-084	9716				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324  City  City  FL  Zip Code  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, lipide or printed name of registered agent and registered agent agen	Zip	Country	Zip	Country		<b>5.</b> C	ertificate of Sta	atus Desired				onal	
1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324  City		6. Name and Address of Current F	legistered Agent	Name		7. N	ame and Add	ress of New R	egistered	Agent			
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, no both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  FANDERS, ROBERT  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change  Change  Change  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change  Change  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change  Change  Change  Change  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change  Change  Change  Change  Change  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change	1200	SOUTH PINE ISLAND RD.	Street A	ddress (P.	O. Bo	x Number is N	lot Acceptable	)					
SIGNATURE  Synthame, typical or printed name of registered apent and late if applicable  Position of the composition is eligible to satisfy its Intangible Task filling requirement and elects to do so.  After MAY 1, 2000 Fee will be \$\$50.00	124	17/11017 FE 000E1		City				<del>_</del> .	F	L Zip C	Code	=	
Signature, typed or prinder ham of regitational operation and regitational pages and their exportable. (NOTE registered Apper subjustive restriction)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$\$55.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE  TITLE PLANDERS, ROBERT 3445 PEACTIREE RD. NE ATLANTA GA 30326  CITY-ST-2IP  TOTAL  ATLANTA GA 30326  TOTAL STATE  TOTAL  THE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME	8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registere	d age	nt, or both, in t	the State of Flo	orida.				
S. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Title	SIGNATURE .	Signature, typad or printed name of registered agent at	nd little if applicable. (NOTE	: Registered Agent signate	ure required w	when rein	nstating)		DATE			<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-S	9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00			e		. •	_				
NAME   STREET ADDRESS   CITY-ST-ZIP   CITY	11,	OFFICERS AND I		<del></del>		ADI	DITIONS/CHA	NGES TO OFF	ICERS AN				
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS	FLANDERS, ROBERT 3445 PEACTREE RD. NE	□ Delete	NAME STREET ADDRESS			900	-02/01	/00(	175 1115-	9 — -01	_ <b>5</b>	
TITLE	NAME STREET ADDRESS	VST RAFUSE, MARK 3445 PEACTREE RD. NE	<b>⊠</b> Delete	NAME STREET ADDRESS	Thom 3445	nas S Peac	htree Road	, NE #700		<b>Æ</b> Chan	ge	A didition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ALANIA GA 30320	C.) Delete	NAME STREET ADDRESS		-			~	-			
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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 Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

(401) 364 - 4"