

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90048 042 ***150.00

DOCUMENT # **P98000085321**

1. Entity Name
EURO-COLLECTIONS, INC.

Principal Place of Business Mailing Address
1 N.E. 1ST STREET STE 330 **1 N.E. 1ST STREET #330**
MIAMI FL. 33132 **MIAMI FL. 33132.**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **SAME** Suite, Apt. #, etc. **SAME**

City & State **n/a** City & State **n/a**

Zip **n/a** Country **n/a** Zip **n/a** Country **U.S.A**

DO NOT WRITE IN THIS SPACE

650867054

4. FEI Number **23-08-493657** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGEL MANRIQUE
21250 RAIN DANCE LN
BOCA RATON FL. 33428

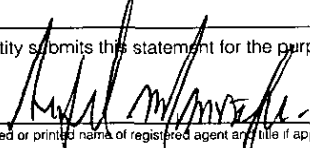
7. Name and Address of New Registered Agent

Name _____

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

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  DATE **4-25-00**

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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D MANRIQUE, ANGEL <input type="checkbox"/> Delete
NAME	MANRIQUE, ANGEL
STREET ADDRESS	1 NE 1ST STREET #330
CITY-ST-ZIP	MIAMI FL. 33132
TITLE	D MANRIQUE ANGEL (SR) <input type="checkbox"/> Delete
NAME	MANRIQUE ANGEL (SR)
STREET ADDRESS	21250 RAIN DANCE LN
CITY-ST-ZIP	BOCA RATON FL. 33428
TITLE	D MANRIQUE, JOSE A. <input type="checkbox"/> Delete
NAME	MANRIQUE, JOSE A.
STREET ADDRESS	21250 RAIN DANCE LN
CITY-ST-ZIP	BOCA RATON FL. 33428
TITLE	D MANRIQUE FRANCISCO. <input type="checkbox"/> Delete
NAME	MANRIQUE FRANCISCO.
STREET ADDRESS	21250 RAIN DANCE LN.
CITY-ST-ZIP	BOCA RATON FL. 33428.
TITLE	HELENA RACUDREN <input type="checkbox"/> Delete
NAME	HELENA RACUDREN
STREET ADDRESS	21250 RAIN DANCE LN
CITY-ST-ZIP	BOCA RATON FL. 33428
TITLE	IAN UAU <input type="checkbox"/> Delete
NAME	IAN UAU
STREET ADDRESS	21250 RAIN DANCE LN
CITY-ST-ZIP	BOCA RATON FL. 33428

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:  **ANGEL MANRIQUE** DATE: **4-15-00** DAYTIME PHONE #: **305-381-8533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)