

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State
 02-16-2001 90006 019 ***150.00

0154891

DOCUMENT # P98000085321

1. Entity Name
EURO-COLLECTION, INC.

Principal Place of Business 1 NE 1ST STREET STE 330 MIAMI FL 33132	Mailing Address 1 NE 1ST STREET STE 330 MIAMI FL 33132
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2. Principal Place of Business 34 SE 2ND AVE. Suite, Apt. #, etc. 502	3. Mailing Address 34 SE 2ND AVE Suite, Apt. #, etc. 502
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33131	Country U.S.A.
Zip 33131	Country U.S.A.

4. FEI Number **65-0867054** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MANRIQUE, ANGEL JR
 1 NE 1ST STREET STE 330
 MIAMI FL 33132**

7. Name and Address of New Registered Agent
 Name **ANGEL MANRIQUE JR**
 Street Address (P.O. Box Number is Not Acceptable) **34 S.E. 2ND AVE.**
SUITE 502
 City **MIAMI** FL Zip Code **33131**

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 **ANGEL MANRIQUE JR.** DATE **02-01-01**

Signature. Must be 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MANRIQUE, ANGEL 1 NE 1ST STREET STE 330 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MANRIQUE, ANGEL JR 1124 11 WAY WEST PALM BEACH FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MANRIQUE, JOSE A 1124 11 WAY WEST PALM BEACH FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MANRIQUE, FRANCISCO 1124 11 WAY WEST PALM BEACH FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 JR.** DATE **02-01-01** (305) 381-8833

Signature and typed or printed name of signing officer or director

CR2E034 (10/00)