FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90048 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000090745

1. Entity Name

EURO-ROAD INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
320 SE. 11TH. AVE. # 108	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH	City & State
Zip: 33060 / Country: BROWARD	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0916394 ☐ 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: ROMAN TRYNDUS

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

320 SE. 11TH. AVE. # 108

City: POMPANO BEACH FL Zip Code: 33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changed.

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / ROMAN TRYNDUS 320 SE. 11TH. AVE. # 108 POMPANO BEACH, FL 33060
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04.30.2003 754 2350378

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