2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P98000101303 EURO MORTGAGE SERVICES, INC. 03-14-2001 90443 001 ***300.00 Principal Place of Business Mailing Address 8202 NW 58 ST 8202 NW 58 ST TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address HINE DL Suite, Apt. #, ets DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0878323 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SVOBODA, LIDA Street Address (P.O. Box Number is Not Acceptable) 8202 NW 58 ST TAMARAC FL 33321 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) **PVST** TITLE ☐ Delete TITI F SVOBODA, LIDA NAME NAME 2900 N. PALM AIDE DR. #206 STREET ADDRESS 8202 NW 58 ST STREET ADDRESS OMPANO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete TITLE TITLE SVOBODA, LIDA NAME NAME STREET ADDRESS 8202 NW 58 ST STREET ADDRESS CITY-ST-7IF TAMARAC FL 33321 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.