

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90083 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107952

1. Entity Name

EUROPEAN INVESTMENT GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1717 N. Bayshore Dr.

3. Mailing Address

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip 33132

Country

USA

Zip

Country

4. FEI Number

65 0881873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dennis Bedard

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

1717 N. Bayshore Dr.

Suite 102

City

Miami

FL

Zip Code
33132

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 principal agent, and title, if applicable

NOTE: Must be Agent, Secretary, Treasurer, or President

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

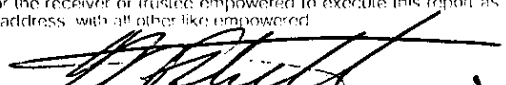
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD Inama, Diego 1717 N. Bayshore Dr. Ste 102 Miami, FL 33132	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	Gino Falsetto addition 1717 N. Bayshore Dr Ste 102 Miami, FL 33132
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (305) 530-0609
Date Printing Name

CR2E034B (12/01)