

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034935

1. Entity Name
EUROCAFE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90101 014 ***158.75

| | |
|--|---|
| Principal Place of Business 100 NO. BISCAYNE BLVD..30TH FLOOR MIAMI FL 33132 | Mailing Address 100 NO. BISCAYNE BLVD..30TH FLOOR MIAMI FL 33132-2304 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business 1525 NW 159th AVENUE | 3. Mailing Address 1525 NW 159th AVENUE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--|---|
| City & State PEMBROKE PINES, FLORIDA | City & State PEMBROKE PINES, FL |
| Zip 33028 | Zip 33028 |
| Country | Country |

| | |
|--|--|
| 4. FEI Number 65-0911382 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEYDASCH, AXEL ESQ.
100 NO. BISCAYNE BLVD..30TH FLOOR
NEW WORLD TOWER,STE.3000
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **AXEL TEYKE**

Street Address (P.O. Box Number is Not Acceptable)
1525 NW 159th AVENUE

City **PEMBROKE PINES** FL Zip Code **33028**

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 **02-10-00**

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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT TEYKE, AXEL PASSAUER STR.12,10789 BERLIN ,GERMANY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT TEYKE, AXEL 1525 NW 159th AVENUE PEMBROKE PINES - FLORIDA - 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS TEYKE, BARBARA PASSAUER STR.12,10789 BERLIN ,GERMANY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS TEYKE, BARBARA 1525 NW 159th AVENUE PEMBROKE PINES - FLORIDA - 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: DATE **02-10-00** (954) 443-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)