

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90005 045 ***150.00

DOCUMENT # P99000035081

1. Entity Name
EUROPEAN PROPERTY MANAGEMENT, INC.

Principal Place of Business Mailing Address

523 SOUTH RAINBOW DRIVE **523 SOUTH RAINBOW DRIVE**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021-7513**

2. Principal Place of Business 3. Mailing Address

1772 E. Trafalgar Circle **1772 E. Trafalgar Circle**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Hollywood FL **Hollywood FL**

Zip Country Zip Country

33020 **USA** **33020** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: **Elliot Harris**

Street Address (P.O. Box Number is Not Acceptable): **111 SW 3rd St, 6th floor**

City: **Miami** State: **FL** Zip Code: **33130**

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]* DATE: **1/27/00**

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)

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. ☐ **\$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	PSD BECKE, CHRISTIANE H 523 SOUTH RAINBOW DRIVE HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHUEBEL, ULRICH R 1772 E. TRAFALGAR CIRCLE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHUEBEL, ULRICH R 523 SOUTH RAINBOW DRIVE HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST Secy Elliot Harris 111 SW 3rd St, 6th floor MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *[Signature]* Date: **1/27/00** Daytime Phone #: **(305) 358-046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)