

05-08-2002 90099 049 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000035715-1/1**
 1. Entity Name

EUROCAPITAL SERVICE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1717 N. Bayshore Drive

3. Mailing Address

Suite, Apt. #, etc.
3452

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33132 Country
Miami-Dade

Zip Country

4. FEI Number
650915524

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
ENDO CAPITAL Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1717 N. Bayshore Drive 3452

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS

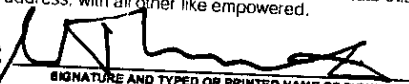
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Wolf Theuermeister** P 4/29/02 305-3720706
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #