

FILED
May 08, 2002 8:00 am
Secretary of State

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

Suite, Apt. #, etc.
3452

City & State

MIAMI FL

Zip

33132

Country

Miami-Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

650915524

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LENDO CAPITAL INC.

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

1717 N. Bayshore Drive 3452

City

MIAMI

FL

Zip Code

33132

**DO NOT WRITE
IN THIS SPACE**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
THEUERMEISTER, WOLF
1717 N. Bayshore Drive 3452
MIAMI, FL 33132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wolf Theuermeister P 4/29/02 305-3720706

Date

Daytime Phone #

CR2E034B (12/01)