

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90008 028 ***158.75

DOCUMENT # P99000056573

1. Entity Name

FIRST EUROFINANZ CORPORATION

Principal Place of Business

Mailing Address

**905 BRICKELL BAY DRIVE
SUITE 1629
MIAMI FL 33131****905 BRICKELL BAY DRIVE
SUITE 1629
MIAMI FL 33131-2927**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THEUERMEISTER, WOLF
905 BRICKELL BAY DRIVE
SUITE 1629
MIAMI FL 33131**

Name

ZENDO CAPITAL Inc.

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

**905 Brickell Bay Drive
Suite 1629**

City

Miami

FL

Zip Code

33131

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

**VP, ZENDO Capital Inc.
Wolf Theuermeister**

(NOTE: Registered Agent signature required when reinstating)

DATE

01/07/20009. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
THEUERMEISTER, WOLF
905 BRICKELL BAY DRIVE #1629
MIAMI FL 33131**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2000

Date

**305-
372 0706**

Daytime Phone #