2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90738 014 ***158.75

DOCUMENT # P99000056573

1. Entity Name
FIRST EUROFINANZ CORPORATION

DO NOT WRITE IN THIS SPACE

B0062019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25 SE 2nd Avenue	25 SE 2nd Avenue
Suite, Apt. #, etc.: 1148	Suite, Apt. #, etc.: 1148
City & State: Miami Florida	City & State: Miami Florida
Zip: 33131 Country: Miami-Dade	Zip: 33131 Country: Miami-Dade

4. FEI Number: 65-0971972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ZENDO CAPITAL INC.

Street Address (P.O. Box Number is Not Acceptable): 1717 N.Bayshore Drive, Suite 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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

11. OFFICERS AND DIRECTORS

TITLE	P D	TITLE	
NAME	Theuermeister, Wolf	NAME	
STREET ADDRESS	1717 N.Bayshore Drive, Suite 3452	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33132	CITY-ST-ZIP	
TITLE	V D	TITLE	
NAME	Baumgartner, Heidrun	NAME	
STREET ADDRESS	1717 N.Bayshore Drive, Suite 3452	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33132	CITY-ST-ZIP	
TITLE	–	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all blanks filled.

SIGNATURE: Wolf Theuermeister 03-26-02 305-372 0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #