

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079946

1. Entity Name

GROUP EUROPE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90024 038 ***158.75

Principal Place of Business
10250 COLLINS AVENUE #402
MIAMI FL 33154

Mailing Address
10250 COLLINS AVENUE #402
MIAMI FL 33154-1439

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number
65-0955955
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PASTOR, CARLOS ESQ
1110 BRICKELL AVENUE #407
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) ☐

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
TITLE PD
NAME GUERRERO, JUAN CARLOS
STREET ADDRESS 1110 BRICKELL AVENUE #407
CITY-ST-ZIP MIAMI FL 33131
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD
NAME GUERRERO, JUAN CARLOS
STREET ADDRESS 3512 22 TERRACE
CITY-ST-ZIP MIAMI 33145.
Change ☒ Addition ☐

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

Feb 15 / 00
Date
EL 305-8670249
Daytime Phone #

CR2E034 (9/99)