

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90205 007 ***150.00

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DOCUMENT # P99000079946

1. Entity Name
GROUP EUROPE, INC.

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

Mailing Address
10250 COLLINS AVENUE #402
MIAMI FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1160 Kane Concourse
 Suite, Apt. #, etc.
Suite 302

3. Mailing Address
1160 Kane Concourse
 Suite, Apt. #, etc.
Suite 302

City & State
Bay Harbor, FL

City & State
Bay Harbor, FL

Zip
33154

Country
USA

Zip
33154

Country
USA

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)

March 18/02
 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, 2002 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
3512 22 TERR
 CITY-ST-ZIP
MIAMI FL 33145

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18/02 **305 8670249**
 Date Daytime Phone #

CR2E034 (9/01)