

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34899

1. Entity Name  
1410 EUCLID AVENUE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1410 EUCLID AVE. P. O. BOX 1451 MIAMI BEACH FL 33119	Mailing Address C/O LUNDY & SHACTEL 9855 W BROWARD BLVD PLANTATION FL 33324
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	31-9687538	App'l	Not
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Addit'l Fee Required
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6. Name and Address of Current Registered Agent

EINHORN, SHALOM  
1806 PENNSYLVANIA AVE.  
STE. #2  
MIAMI BEACH FL 33139

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 Added to

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EINHORN, CILA 137 PRINZREGENTEN ST. MUNICH, GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EINHORN, SHALOM 1806 PENNSYLVANIA AV #2 MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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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 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Einhorn Cila Date: 4/15/01 Daytime Phone #: 305/532 7160