

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S44829

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: EUROHEALTH ENTERPRISES, INC.

Current Principal Place of Business:

9999 COLLINS AVENUE
BAL HARBOUR, FL 33154

New Principal Place of Business:

19746 E.COUNTRY CLUB DR.
AVENTURA, FL 33180

Current Mailing Address:

9999 COLLINS AVENUE
BAL HARBOUR, FL 33154

New Mailing Address:

19070 NE 20 CT
NORTH MIAMI BEACH, FL 33179

FEI Number: 65-0256661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUKASIK, JAN
9999 COLLINS AVENUE
BAL HARBOUR, FL 33154

Name and Address of New Registered Agent:

LUKASIK, JAN
19070 NE 20 CT
NORTH MIAMI BEACH, FL 33179

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: JAN LUKASIK

04/26/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUKASIK, JAN,
Address: 18181 NE 31 CT #1406
City-St-Zip: AVENTURA, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUKASIK, JAN,
Address: 19070 NE 20 CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: SEC () Change (X) Addition
Name: DA ROCHA SYLVIO COLL, ARES
Address: 19070 NE 20 CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN LUKASIK

PD

04/26/2002

Electronic Signature of Signing Officer or Director

Date