2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81135 **Secretary of State** 1. Entity Name 02-11-2002 90100 008 ***150.00 EUROTECH OF PALM BEACH COUNTY, INC. Principal Place of Business Mailing Address 2354 N. MILITARY TRAIL 2354 N. MILITARY TRAIL SUITE 204 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0289642 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAGY, TERESA Street Address (P.O. Box Number is Not Acceptable) 17324 FOXTRAIL LN LOXAHATCHEE FL 33470 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE DP ☐ Delete TITLE ■ Addition NAGY, DEZI NAME NAME STREET ADDRESS 17324 FOX TRAIL LANE STREET ADDRESS LOXAHATCHEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STD NAGY, TERESA STREET ADDRESS STREET ADDRESS 17324 FOX TRAIL LANE CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

empowered

SIGNATURE:

Feb 11, 2002 8:00 am

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