

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30589

1. Entity Name

EURO CARIBBEAN ENTERPRISES (MIAMI), INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90055 025 ***158.75

Principal Place of Business 231 ALTARA AVENUE CORAL GABLES FL 33146 US	Mailing Address 231 ALTARA AVENUE CORAL GABLES FL 33146-1422 US
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2. Principal Place of Business 2505-A N.W. 72nd Avenue Suite, Apt. #, etc.	3. Mailing Address 2505 N.W. 72nd Avenue Suite, Apt. #, etc. Suite A
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City & State Miami, Florida	City & State Miami, Florida
Zip 33122	Zip 33122
Country USA	Country USA

4. FEI Number 65-0352020	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PERDOMO, MILLIE
231 ALTARA AVENUE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Name
MEISTERL, WERNER
Street Address (P.O. Box Number is Not Acceptable)
17666 S.W. 10th Street
City
PEMBROKE PINES FL Zip Code
33029

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 MEISTERL WERNER PRESIDENT DATE MARCH 02, 2000
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) ☒

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 NAME STREET ADDRESS CITY-ST-ZIP	D MEISTERL, W.D. 231 ALTARA AVENUE CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C MEISTERL, W.D. 2505 N.W. 72 Ave., Suite A MIAMI, FL. 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEISTERL, INES 17666 S.W. 10th ST. PEMBROKE PINES, FL. 33029 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEA, YOLANDA 17666 S.W. 10th ST. PEMBROKE PINES, FL. 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MEISTERL DATE: FEB 01, 2000 DAYTIME PHONE: 305-594 0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)