

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90030 014 \*\*\*150.00

**DOCUMENT # H31400**

**1. Entity Name**  
**EUROPEAN AUTO PARTS, INC.**

**Principal Place of Business** **Mailing Address**  
~~1200~~ TIGERTAIL BLVD. 2080 2080 ~~1000~~ TIGERTAIL BLVD.  
 DANIA FL 33004 DANIA FL 33004

**2. Principal Place of Business** **3. Mailing Address**  
 Suite, Apt. #, etc. 2080 Tigertail Blvd.  
 Suite, Apt. #, etc. B10G B

**City & State** **City & State**  
 DANIA FL DANIA FL

**Zip** **Country** **Zip** **Country**  
 33004 33004

**6. Name and Address of Current Registered Agent**  
**ANASTASIOU, VAN E.**  
**7 SE 13TH ST**  
**FT LAUDERDALE FL 33316**

**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 *Klaus Meyer*  
 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input checked="" type="checkbox"/> Delete	TITLE	PST and VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, KLAUS		NAME	Christian Meyer	
STREET ADDRESS	5680 SW 4 COURT		STREET ADDRESS	5680 SW 4 CT	
CITY-ST-ZIP	PLANTATION FL		CITY-ST-ZIP	Plantation FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, KLAUS		NAME	Christian Meyer	
STREET ADDRESS	5680 SW 4 COURT		STREET ADDRESS	5680 SW 4 CT	
CITY-ST-ZIP	PLANTATION FL		CITY-ST-ZIP	Plantation FL 33317	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:** *Christian Meyer* **CHRISTIAN MEYER** 3/14/02 954  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 925 7733



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)