

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90002 034 ***550.00

DOCUMENT # J18236

1. Entity Name
EUROBANK

Principal Place of Business: **568 YAMATO RD. BOCA RATON FL 33431**
 Mailing Address: **568 YAMATO RD. BOCA RATON FL 33431**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2680958** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: **Miguel Truyol**
 Street Address (P.O. Box Number is Not Acceptable): **1901 Ponce de Leon Blvd.**
 City: **Coral Gables FL 33134**

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: **8-1-2000**
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. **FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MARQUES, PAULO B STREET ADDRESS: PRACA JOSE FONTANA 12-4 LISBOA, PORTUGAL	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: PD NAME: THERIAGA, JOSEPH STREET ADDRESS: 1901 PONCE DE LEON BLVD CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: JANCHEZ-GALARRAGA, JORGE STREET ADDRESS: 1310 PONCE DE LEON BLVD. #301 CORAL GABLES FL 33134	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SANCHEZ-GALARRAGA, JORGE STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: FERRERA, ANDREW STREET ADDRESS: 3301 NW 15TH STREET MIAMI FL	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: KUJAWA, DUANE A STREET ADDRESS: 15000 SW 80TH AVENUE MIAMI FL	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: BENSAUDE, MIGUEL STREET ADDRESS: 1140 CONNECTICUT AVE NW WASHINGTON DC	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: BENSAUDE, MIGUEL STREET ADDRESS: 2458 NW 66 Drive Boca Raton, Florida 33496 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: **SIGNATURE REQUIRED** DATE: **8-1-00** DAYTIME PHONE #: **305 444 4141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)