

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90091 043 \*\*\*150.00

0231929 AV

**DOCUMENT # J18236**

1. Entity Name  
**EUROBANK**



Principal Place of Business  
**1901 PONCE DE LEON BLVD  
CORAL GABLE FL 33134**

Mailing Address  
**1901 PONCE DE LEON BLVD  
CORAL GABLE FL 33134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2680958**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
NAME **MARQUES, PAULO B**  
STREET ADDRESS **PRACA JOSE FONTANA 12-4**  
CITY-ST-ZIP **LISBOA, PORTUGAL**

TITLE **CFO**  Change  Addition  
NAME **Miguel Truyol**  
STREET ADDRESS **1901 Ponce de Leon Blvd**  
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE **PD**  Delete  
NAME **THERIAGA, JOSEPH**  
STREET ADDRESS **1901 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **SANCHEZ - GALARRAGA, JORGE**  
STREET ADDRESS **1310 PONCE DE LEON BLVD. #301**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **FERRERA, ANDREW**  
STREET ADDRESS **3301 NW 15TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **KUJAWA, DUANE A**  
STREET ADDRESS **15000 SW 80TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **BENSAUDE, MIGUEL**  
STREET ADDRESS **2458 NW 66 DR**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

305-444-4141

Date

Daytime Phone #

CR2E034 (10/02)