

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22222

1. Entity Name

EUROATLANTIC REALTY, INC.

FILED

May 13, 2000 8:00 am  
Secretary of State

05-13-2000 90047 046 \*\*\*150.00

Principal Place of Business

1305 BRICKELL AVE. 3RD FL SUITE 340  
MIAMI FL 33131  
US

Mailing Address

1401 BRICKELL AVE SUITE 340  
3RD FL  
MIAMI FL 33131-3300  
US

2. Principal Place of Business

1401 Brickell Avenue

Suite, Apt. #, etc.

Suite 340

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

1401 Brickell Avenue

Suite, Apt. #, etc.

Suite 340

City & State

Miami, Florida

Zip

33131

Country

USA

4. FEI Number

59-2086327

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

ROBERT W. STEWART, P.A.

Street Address (P.O. Box Number is Not Acceptable)

999 Brickell Avenue

Suite 1006

City

Miami

FL

Zip Code

33131

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

4.26.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

SP  
PENICHER, TERESA  
~~1305 BRICKELL AVE. 3RD FL~~  
MIAMI FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
ROSS, WILLIAM  
~~1305 BRICKELL AVE. 3RD FL~~  
MIAMI FL 33131

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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1401 Brickell Avenue, Suite 340

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA A. PENICHER

Date

Daytime Phone #

4/27/00 (305)371-3500

CR2E034 (9/99)