

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0274123 AV

DOCUMENT # G10005

1. Entity Name
EUREV INC.



FILED

03 MAY 20 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
EUREV INC
P.O. BOX 60-1684
NORTH MIAMI BEACH FL 33160
US

Mailing Address
EUREV INC
P.O. BOX 601684
N. MIAMI BEACH FL 33160-1984
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2225981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIARATO, UGO V.
220 71ST STREET STE 213 12000 BISCAYNE BLVD #507
MIAMI BEACH FL 33141-3038 MIAMI FL 33181

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 PSTD
NAME CHIARATO, UGO V.
STREET ADDRESS 220 71ST STREET STE 213 12000 BISCAYNE BLVD
CITY-ST-ZIP MIAMI BEACH FL 33141 MIAMI FL 33181

TITLE NAME
NAME SUITE 507
STREET ADDRESS 200019565702
CITY-ST-ZIP 03/20/03--01022--007 **2911.25

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/5/A

04/27/2003

(305)899.5099

Date

Daytime Phone #

CR2E034 (10/02)