

2000 UNIFORM BUSINESS REPORT (UBR)

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

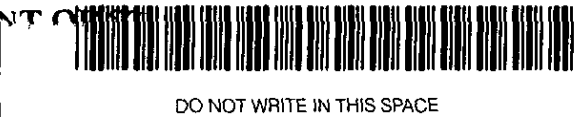
08-14-2000 90002 034 ***550.00

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



4. FEI Number 59-2680958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

(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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUES, PAULO B	NAME	
STREET ADDRESS	PRACA JOSE FONTANA 12-4	STREET ADDRESS	
CITY-ST-ZIP	LISBOA, PORTUGAL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERIAGA, JOSEPH	NAME	
STREET ADDRESS	1901 PONCE DE LEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANCHEZ-GALARRAGA, JORGE	NAME	SANCHEZ-GALARRAGA, JORGE
STREET ADDRESS	1310 PONCE DE LEON BLVD. #301	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERA, ANDREW	NAME	
STREET ADDRESS	3301 NW 15TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUJAWA, DUANE A	NAME	
STREET ADDRESS	15000 SW 80TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSAUDE, MIGUEL	NAME	BENSAUDE, MIGUEL
STREET ADDRESS	1140 CONNECTICUT AVE NW	STREET ADDRESS	2458 NW 66 Drive
CITY-ST-ZIP	WASHINGTON DC	CITY-ST-ZIP	Boca Raton, Florida 33496

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 Date Daytime Phone #

CR2E034 (5/00)