

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90105 027 ***150.00

DOCUMENT # L50555

Entity Name
 EURAMex, INC.

Principal Place of Business 7249 SW. 48th St.
 Miami, FL 33155

Mailing Address
 7249 SW. 48th St.
 Miami, FL 33155

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 65-0178187
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARC TORRIGIANI
 7249 SW. 48 Street
 Miami, FL 33155

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		

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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** April 27 / 2000 (305) 668-4242
 Date Daytime Phone #

CR2E034 (9/99)