

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57938

1. Entity Name

EUREKA LAND COMPANY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90315 005 ***150.00

Principal Place of Business

2600 DOUGLAS RD
PH-5
CORAL GABLES FL 33134-6127

Mailing Address

2600 DOUGLAS RD
PH-5
CORAL GABLES FL 33134-6143

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

65-0180006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUTH FLORIDA RESIDENT AGENTS INC.
200 S BISCAYNE BLVD
STE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

B & C CORPORATE SERVICES

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

201 S. Biscayne Blvd.

Suite 3000

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

Conrado Salgado, Vice President 04/26/2000
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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VS ☐ Delete
NAME LEVITT, STEVEN T.
STREET ADDRESS 2600 DOUGLAS RD PH-5
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Delete
NAME ROSALES, X.E.
STREET ADDRESS 2600 DOUGLAS RD PH-5
CITY-ST-ZIP CORAL GABLES FL

TITLE PT ☐ Delete
NAME ROSALES, X. FRANCISCO
STREET ADDRESS 2600 DOUGLAS ROAD PH-5
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Francisco Rosales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Rosales 2/14/2000 (305)461-2142

Date

Daytime Phone #