

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002791

1. Entity Name
Euro American Group LLC

Principal Place of Business
**7330 NW 12th Street
Suite 201
Miami, FL 33145**

Mailing Address
**7330 NW 12th Street
Suite 201
Miami, FL 33145**

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

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

4. FEI Number
65-0877117

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**Dade Corporate Services INC.
2300 Coral Way
Suite 103
Miami, FL 33145**

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kroeze, Winfred		NAME	Zedan, Guillermo A.	
STREET ADDRESS	7330 NW 12 Street		STREET ADDRESS	7330 NW12 Street	
CITY-ST-ZIP	Miami, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charur, Elias A.		NAME		500003256135--4
STREET ADDRESS	7330 NW 12 Street		STREET ADDRESS		-05/17/00--01081--019
CITY-ST-ZIP	Miami, FL 33126		CITY-ST-ZIP		*****50.00 *****50.00
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zedan, Jaime		NAME	Charur, Elias A. Jr.	
STREET ADDRESS	7330 NW 12 Street		STREET ADDRESS	7330 NW 12 Street	
CITY-ST-ZIP	Miami, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charur, Laura		NAME	Sharpe, Laura C.	
STREET ADDRESS	7330 NW 12 Street		STREET ADDRESS	7330 NW 12 Street	
CITY-ST-ZIP	Miami, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zaid, Mario		NAME		
STREET ADDRESS	7330 NW 12 Street		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Laura Sharpe LAURA C. SHARPE 4/27/00 305-591-9792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #